

SCPHA Membership Application Form

Name: _____ Credentials: _____

Home Address: _____
 Street Apt. Number City State Zip County

Employer: _____ Title: _____


*Business Address: _____
 Street Apt. Number City State Zip County

E-Mail: _____ Birth Date: _____
 Month Day

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

SCPHA Section Affiliation <i>(Please Check)</i>	National Affiliation <i>(Please Check)</i>
<input type="checkbox"/> 01. Alcohol, Tobacco & Other Drugs <input type="checkbox"/> 02. Epidemiology & Disease Control <input type="checkbox"/> 03. Environmental Health <input type="checkbox"/> 04. Health Administration <input type="checkbox"/> 05. Health Education <input type="checkbox"/> 06. Health & Human Services <input type="checkbox"/> 07. Management Support <input type="checkbox"/> 08. Nutrition <input type="checkbox"/> 09. Public Health Nursing <input type="checkbox"/> 10. Public Health Social Work & Counseling <input type="checkbox"/> 11. Student	<input type="checkbox"/> APHA # _____ <input type="checkbox"/> Other _____

Are you willing to serve on a committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographic Information <i>(For Statistical Purposes Only)</i>
If "Yes", check preference <input type="checkbox"/> Awards <input type="checkbox"/> Constitution and By-Laws <input type="checkbox"/> Continuing Education <input type="checkbox"/> Conference Planning <input type="checkbox"/> Futures Planning <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Membership <input type="checkbox"/> Nominating <input type="checkbox"/> Marketing & Public Relations <input type="checkbox"/> No Preference <input type="checkbox"/> Program (Conference) <input type="checkbox"/> Public Health Month <input type="checkbox"/> Public Policy & Advocacy <input type="checkbox"/> Public Information <input type="checkbox"/> Scholarship <input type="checkbox"/> Silent Auction <input type="checkbox"/> Sponsorship Fundraising <input type="checkbox"/> Mid-Year Conference	Age <input type="checkbox"/> 24 years & Under <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-34 years <input type="checkbox"/> 35-39 years <input type="checkbox"/> 40-44 years <input type="checkbox"/> 45-49 years <input type="checkbox"/> 50-54 years <input type="checkbox"/> 55-59 years <input type="checkbox"/> 60+years Race/Ethnic Group <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Dues Schedule		(For office use only)																														
<i>Membership renewal payments are due on the member's annual anniversary date. If paying multiple years, payments are due at the expiration of that term.</i>																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Individual Member</td> <td style="width: 15%;">New</td> <td style="width: 15%;">\$45.00</td> </tr> <tr> <td></td> <td>Renewal</td> <td>\$45.00</td> </tr> <tr> <td></td> <td>2 Yr. Renewal</td> <td>\$75.00</td> </tr> <tr> <td>Student Member*</td> <td>New</td> <td>\$20.00</td> </tr> <tr> <td>*Must be full time</td> <td>Renewal</td> <td>\$20.00</td> </tr> <tr> <td>Retired Member**</td> <td>New</td> <td>\$20.00</td> </tr> <tr> <td>**Must not be working full time</td> <td>Renewal</td> <td>\$20.00</td> </tr> <tr> <td></td> <td>2 Yr. Renewal</td> <td>\$35.00</td> </tr> <tr> <td>Organizational Member</td> <td>New</td> <td>\$200.00</td> </tr> <tr> <td></td> <td>Renewal</td> <td>\$200.00</td> </tr> </table>	Individual Member	New	\$45.00		Renewal	\$45.00		2 Yr. Renewal	\$75.00	Student Member*	New	\$20.00	*Must be full time	Renewal	\$20.00	Retired Member**	New	\$20.00	**Must not be working full time	Renewal	\$20.00		2 Yr. Renewal	\$35.00	Organizational Member	New	\$200.00		Renewal	\$200.00		Membership# _____ Check Number _____ Payment Date _____ Amount Paid _____ Record Entered _____ Renewal Date _____ #Years Member _____
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Organizational Member	New	\$200.00																														
	Renewal	\$200.00																														

Please mail your completed application along with your check to

SCPHA:
South Carolina Public Health Association

PO Box 11061
 Columbia, SC 29211

(803) 736-9461
 (803) 788-0128
www.scpa.com

**SCPHA is a 501C(3) non-profit organization and contributions are tax deductible. Your contribution is appreciated and you will receive a receipt for tax purposes.*

South Carolina Public Health Association

The South Carolina Public Health Association is a statewide organization for public health professionals and other individuals concerned with improving the health of South Carolinians. The mission of SCPHA is to protect and promote personal, community and environmental health; to exercise leadership in public health policy development and action; to provide a forum for matters pertaining to public health; and to foster scientific and professional development of our members.

Who are our members?

SCPHA is proud to claim members from a wide variety of public health professions including:

Social Workers	Nurses	Health Educators	Prevention Specialists
Agency Directors	Therapists	Engineers	Professors
Epidemiologists	Nutritionists	Environmental Professionals	Safety Managers
Emergency Preparedness Staff	Physicians	Public Information Officers	Infection Control Officers
Dentists	Sanitarians	Physical Activity Professionals	Future Professionals
Community Health Advocates			

Whether your profession is listed above or not, if you work to improve public health in South Carolina, then SCPHA is for you!

What can SCPHA membership do for you?

Professional Networking

Whether you are a public health professional, student, or advocate, membership in SCPHA demonstrates your commitment to public health. Through its workshops, philanthropic activities, and other events, SCPHA also provides you the opportunity to meet and associate with public health professionals and leaders.

SCPHA Annual Conference

The annual educational conference is the largest annual statewide meeting devoted to the discussion of public health issues. It features prominent speakers and experts from the national, state, and local levels. Members benefit from the skill building sessions, networking, and exhibits. You will gain a wealth of knowledge that can immediately help you in your career or within your community.

Policy and Advocacy

SCPHA identifies and examines priority public health issues. The Association promotes and advocates policies and practices deemed necessary to improve public health in South Carolina. SCPHA has established itself as an information resource for policy makers, government leaders, and the public.

The Bulletin

The Bulletin is SCPHA's newsletter, it updates members on current events, the organization, public health issues, and related activities for career minded individuals.

Public Health Infrastructure

SCPHA recognizes that a strong public health infrastructure is key to a healthier South Carolina. SCPHA encourages and communicates best practices. The Association also builds partnerships to address and promote public health issues.

Sharing of Information

Protecting and promoting public health means involving the public. Strong communications with public health stakeholders is a top strategy. Through activities such as Public Health Month, Mid-Year Conference and workshops, SCPHA is constantly pointing the spotlight on key health issues and practices.

Promoting Health

Sponsoring events and activities, engages members and the public to lead healthier lives and encourages the public to lead healthier lives.