

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? If "Yes", check preference	Demographic Information <i>(For Statistical Purposes Only)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Awards <input type="checkbox"/> Conference Planning <input type="checkbox"/> Constitution and By-Laws <input type="checkbox"/> Contributed Papers <input type="checkbox"/> Continuing Education <input type="checkbox"/> Exhibits <input type="checkbox"/> Finance <input type="checkbox"/> Fiscal Review <input type="checkbox"/> Fitness Challenge <input type="checkbox"/> Futures Planning <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Marketing & Public Relations <input type="checkbox"/> Membership <input type="checkbox"/> Mid-Year Conference <input type="checkbox"/> Nominating <input type="checkbox"/> Public Health Month <input type="checkbox"/> Program (Conference) <input type="checkbox"/> Public Policy & Advocacy <input type="checkbox"/> Registration <input type="checkbox"/> Scholarships <input type="checkbox"/> Silent Auction <input type="checkbox"/> Social <input type="checkbox"/> Sponsorship Fundraising <input type="checkbox"/> Young Professionals <input type="checkbox"/> Partnership Development <input type="checkbox"/> No Preference	<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 <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)																														
<p><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></p>																																
<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></td> <td>Renewal</td> <td>\$20.00</td> </tr> <tr> <td>*Must be full time</td> <td></td> <td></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>Organizational Member</td> <td>New</td> <td>\$250.00</td> </tr> <tr> <td></td> <td>Renewal</td> <td>\$250.00</td> </tr> </table>	Individual Member	New	\$45.00		Renewal	\$45.00		2 Yr. Renewal	\$75.00	Student Member*	New	\$20.00		Renewal	\$20.00	*Must be full time			Retired Member**	New	\$20.00	**Must not be working full time	Renewal	\$20.00	Organizational Member	New	\$250.00		Renewal	\$250.00	 <p>Please mail your completed application along with your check to:</p> <p>South Carolina Public Health Association PO Box 11061 Columbia, SC 29211 (803) 736-9461 (803) 788-0128 www.scpa.com</p>	Membership# _____ Check Number _____ Payment Date _____ Amount Paid _____ Record Entered _____ Renewal Date _____ #Years Member _____
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	Renewal	\$45.00																														
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Organizational Member	New	\$250.00																														
	Renewal	\$250.00																														
<p><i>*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.</i></p>																																

