



Minnesota Public Health Association

## Membership Registration

Date \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Preferred mailing address:  Home  Work

\*\*\* If you prefer your work address, please also provide your home address so that we may appropriately target legislative activities in your area. We will not use your home address for regular contact. \*\*\*

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work organization (if applicable) \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Job Title \_\_\_\_\_

### Membership Options:

- |  |   |
|--|---|
| <input type="checkbox"/> New Member      | <input type="checkbox"/> Individual (one year \$50) |
| <input type="checkbox"/> Renewing Member | <input type="checkbox"/> Student (first year free)  |
|  | <input type="checkbox"/> Student (one year \$20)    |
|  | <input type="checkbox"/> Retired (one year \$20)    |
|  | <input type="checkbox"/> Lifetime (\$750)           |

Please accept my additional tax-deductible contribution of \$ \_\_\_\_\_

**Please make checks payable and mail with form to:  
MPHA, PO Box 14709, Minneapolis, MN 55414**

---

MPHA is an all-volunteer organization. Through continued support of our members, we are able to offer many opportunities to advocate for public health and network with other professionals around the state. We invite you to be an active member on one or more of our committees. If you are interested, please identify the committee and a chair of that committee will contact you.

- |   |  |
|---|--|
| <input type="checkbox"/> Annual Conference      | <input type="checkbox"/> Membership Development/Networking |
| <input type="checkbox"/> Communications         | <input type="checkbox"/> Public Policy and Advocacy        |
| <input type="checkbox"/> Leadership Development |  |

*We are collecting the following information to facilitate networking and professional development as well as to coordinate volunteer opportunities and student mentoring. Please check any of the boxes below that apply to you. We appreciate your time!*

**Please select areas of interest/expertise (which may be used for networking purposes):**

**Topics**

- Adolescent Health
- Alcohol, Tobacco and other Drugs
- Environmental/Occupational Health
- Geriatrics
- GLBT Issues
- Health Disparities
- HIV/AIDS and other STDs
- Infectious Diseases
- International/Refugee Health
- Maternal and Child Health
- Medical Care
- Mental Health
- Nutrition
- Population, Family Planning, and Reproductive Health
- Rural Health
- Violence
- Workforce Diversity

**Activities**

- Advocacy and Public Health Policy
- Epidemiology
- Health Planning and Administration
- Health Promotion
- Public Health Nursing
- Statistics/Biostatistics

**Please check if you would be willing to participate in any of the following:**

- Help plan/implement MPHA social activities
  - Mentor a public health graduate student
  - Research public affairs issues
  - Review APHA resolutions
  - Review resumes for job seekers
  - Other skills/talents you wish to offer:
- 

**[OPTIONAL]** *We are collecting the following information to better understand the demographic of our membership. You are not required to complete this section, but we would appreciate it.*

**What is your sex?**                       Female                       Male

**What is your age?**     18-24             25-34             35-44             45-54             55-64             65+

**Are you Spanish, Hispanic or Latino?**             Yes             No

**How do you describe your racial or ethnic background?** (Check one or more)

- American Indian or Alaska Native (Principal or enrolled tribe: \_\_\_\_\_)
- Asian
- Black, African American
- Native Hawaiian or other Pacific Islander
- White
- Race not mentioned above: (Please specify: \_\_\_\_\_)

**What country were you born in?** \_\_\_\_\_

Also visit us on the web at [www.mpha.net](http://www.mpha.net)