

MPHA 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 (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 Planning | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Leadership Development / Awards Committee |