



MPHA Individual Membership Application

Date: _____

Name (First and Last): _____

Preferred Email: _____

Preferred Mailing Address: _____

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

City: _____ County: _____ Zip: _____

Phone: _____

Work Organization, Job Title (if applicable): _____

How did you hear about us? _____

Membership Type (please select one):

- New Member
- Existing Member

Members Options (please select one):

- Individual (\$50 per year)
- Student (\$20 per year)
- Reduced-Price Individual (\$20 per year)
- Retired (\$20 per year)
- Lifetime (\$720)

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

- Annual Conference Planning Development History Health Equity
- Membership & Communications Leadership Development Policy & Advocacy
- Policy Forum Planning

Optional Donation

The Minnesota Public Health Association is a 501(c)(3) nonprofit organization, and any additional contributions are tax-deductible. If you would like to donate, please complete the gift section below. Thank you for your generous support for MPHA!

Gift amount: \$25 \$75 \$150 Other _____

Gift frequency: One-time donation Monthly (MPHA Treasurer will contact you)

Donor directed gift (if left unchecked, support will go to Unrestricted):

<input type="checkbox"/> Scholarship Support:	Because access to independent, reliable, and up-to-date information should be available to all (regardless of ability to pay). Support need-based scholarships to MPHA events.
<input type="checkbox"/> Event Sponsorship:	Because program and knowledge sharing is important as we strive to assure the public's health, event sponsorship assists in bringing practitioners together to discuss the future of public health.
<input type="checkbox"/> Unrestricted Support:	Because MPHA needs to support its members, while maintaining flexibility to focus on emerging and recurring priorities. Your support provides an ability for MPHA to provide essential communications through its website, support public health student internships, and participate in community outreach and coalition partnerships.

**Please make checks payable and mail with form to:
MPHA, PO Box 14415, Minneapolis, MN 55414**

Welcome, and thank you for joining MPHA in our mission to create a healthier Minnesota through effective public health practice and engaged citizens!