

Individual Membership Form



NEW HAMPSHIRE
**PUBLIC HEALTH
ASSOCIATION**

Improving Health, Preventing Disease, Reducing Costs for All

Are you renewing your membership or a new member to NHPHA? New Renew **Date:** _____

Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Primary Email: _____

Employer: _____

Job Title: _____

Organization/Volunteer Work: _____

Area of Expertise: _____

Individual Membership Levels *(choose one)*

Professional Annual Membership - \$50 3-Year Professional Membership - \$135 Lifetime Professional Membership - \$500

Student Annual Membership - \$15 School: _____

Program: _____ Anticipated Graduation Date: _____

Early-Career Professional - \$25 School Attended: _____

Graduation Date: _____

Legislator Annual Membership - \$25 District: _____

Retiree Annual Membership - \$25

Supporter (one-time donation) - *I wish to further support NHPHA. Please accept my contribution of \$_____ to advance public health in NH.*

Sponsored Membership – Please enter passcode here: _____

NHPHA Committees I want to consider joining:

*NHPHA is a volunteer organization. The work that we do can only happen with **active member participation**, please consider joining a committee. To learn more, go to: <http://nhpha.org/about/committees>*

Communications

Membership

Finance

Human Resources

Program Planning

Public Health Policy

Please make checks payable to NHPHA and send to:

**NH Public Health Association
4 Park Street, Suite 403
Concord, NH 03301**