

Organizational 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 Renewal

Date: _____

Organization Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Organization Phone: _____ Organization Website: _____

Organization Contact Person: _____

Organization Contact Email: _____

Please note: The contact person will be the administrator of your organizational membership for communication purposes only and is not a member of NHPHA unless listed to receive free membership under one of the levels below or joins as an individual membership. Questions regarding membership can be directed to info@nhpha.org

Organizational Membership Levels (please choose a level and list the names of the individuals to receive free memberships)

Public Health Friend (\$300) = one (1) free individual membership

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

Public Health Partner (\$600) = two (2) free individual memberships

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

2. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

Public Health Advocate (\$1,200) = four (4) free individual memberships

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

2. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

3. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____

May we contact you in the future for NHPHA policy polling? Yes No

Organizational Membership Levels - continued

4. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for
NHPHA policy polling? Yes No

Public Health Champion (\$2,500) = ten (10) free individual memberships

1. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
2. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
3. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
4. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
5. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
6. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
7. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
8. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
9. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No
10. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for
NHPHA policy polling? Yes No

Public Health Leader (\$5,000) = org name and logo recognition on website and at all events, spotlight feature, access to NHPHA listserv, fifteen (15) free individual memberships:

1. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
2. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
3. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
4. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
5. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
6. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
7. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
8. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
9. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
10. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No
11. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____
May we contact you in the future for NHPHA policy polling? Yes No

12. Name: _____ Position: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email: _____ Primary Phone: _____ May we contact you in the future for
 NHPHA policy polling? Yes No
13. Name: _____ Position: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email: _____ Primary Phone: _____ May we contact you in the future for
 NHPHA policy polling? Yes No
14. Name: _____ Position: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email: _____ Primary Phone: _____ May we contact you in the future for
 NHPHA policy polling? Yes No
15. Name: _____ Position: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email: _____ Primary Phone: _____ May we contact you in the future for
 NHPHA policy polling? Yes No

Please make checks payable to NHPHA

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

NHPHA is a volunteer organization. The work that we do can only happen with **active member participation**, so please consider joining a committee. For a list of committees and their meeting schedules, go to: <http://nhpha.org/about/committees>

