

SCPHA Membership Application Form

South Carolina Public Health Association

Name _____

Address _____
Street/Route Apt. Number City State Zip County

Employer _____ Title _____

*Business Address _____
Street/Route Apt. Number City State Zip County

Telephone _____ Fax _____ E-Mail _____

*Please send all correspondence to: _____ Home Address _____ Business Address

Section Affiliation *(Check Only One)*

- | | | |
|---|--|--|
| <input type="checkbox"/> 01. Alcohol, Tobacco & Other Drugs | <input type="checkbox"/> 05. Health Education | <input type="checkbox"/> 09. Public Health Nursing |
| <input type="checkbox"/> 02. Disease Control | <input type="checkbox"/> 06. Health and Human Services | <input type="checkbox"/> 10. Social Work |
| <input type="checkbox"/> 03. Environmental Health | <input type="checkbox"/> 07. Management Support | |
| <input type="checkbox"/> 04. Health Administration | <input type="checkbox"/> 08. Nutrition | |

Additional Forum Membership:
 Student Forum *(open to all)*

Are you willing to serve on a committee? ____ Yes ____ No

- If "Yes", circle preference: No Preference
- | | |
|-----------------------|--------------------|
| Awards | Program |
| Continuing Education | Public Information |
| Constitution & ByLaws | Resolutions |
| Entertainment | Exhibits |
| Finance | Legislature |
| Futures Planning | Marshals & Pages |
| Issues & Answers | Properties |
| Membership | Registration |
| Nominations | Scholarship |

Demographic Information

(For Statistical Purposes Only)

- | | |
|--|---|
| Age | Race/Ethnic Group |
| <input type="checkbox"/> 24 yrs. & Under | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> 25-29 yrs. | <input type="checkbox"/> African American |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> Native American |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> 45-49 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 50-54 | <small><i>(please specify)</i></small> |
| <input type="checkbox"/> 55-59 | |
| <input type="checkbox"/> 60+ years | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |

Dues Schedule

Membership is for one full year from the date of your application. Membership renewal payments are due on the member's annual anniversary date.

- | | | |
|--|-----------|-----------------------------------|
| Regular Member | New | <input type="checkbox"/> \$36.00 |
| | Renewal | <input type="checkbox"/> \$36.00 |
| Student Member | Full-Time | <input type="checkbox"/> \$18.00 |
| <small>Part Time Students
Must Pay Regular Member Dues</small> | Part Time | <input type="checkbox"/> \$36.00 |
| Retired Member | New | <input type="checkbox"/> \$18.00 |
| | Renewal | <input type="checkbox"/> \$18.00 |
| Organizational/
Corporate Member | | <input type="checkbox"/> \$100.00 |



Please mail your completed application along with your check to SCPHA:
**South Carolina Public Health Association PO Box 11061
 Columbia, SC 29211**
(803) 736-9461
Fax: (803) 788-0128
 www.scpa.com

(For office use only)

Membership Number _____
 Pmt Method/Ck # _____
 Payment Date _____
 Amount Paid \$ _____
 Record Entered _____
 Membership Year _____

Pay Membership Dues Online, visit www.scpa.com

Referred By: _____

Attention Check Writers: SCPHA gladly accepts your checks; however when you provide a check as payment, you authorize us to use information from the check to make a onetime electronic fund transfer from your account or to process the payment as a check transaction. You authorize us to collect a fee of \$30 (plus a fee charged to the merchant) through electronic fund transfer from your account if your payment is returned unpaid.