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)

❑ 01. Alcohol, Tobacco & Other Drugs
❑ 02. Disease Control
❑ 03. Environmental Health
❑ 04. Health Administration
❑ 05. Health Education
❑ 06. Health and Human Services
❑ 07. Management Support
❑ 08. Nutrition
❑ 09. Public Health Nursing
❑ 10. Social Work

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
❑ 24 yrs. & Under	❑ Asian/Pacific Islander
❑ 25-29 yrs.	❑ African American
❑ 30-34	❑ Native American
❑ 35-39	❑ Latino/Hispanic
❑ 40-44	❑ Caucasian
❑ 45-49	❑ Other: ____________ *(please specify)*
❑ 50-54	
❑ 55-59	
❑ 60+ years	Sex ❑ Male ❑ 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	❑ $36.00
	Renewal	❑ $36.00
Student Member	Full-Time	❑ $18.00
Part Time Students Must Pay Regular Member Dues)	Part Time	❑ $36.00
Retired Member	New	❑ $18.00
	Renewal	❑ $18.00
Organizational/ Corporate Member		❑ $100.00

Referred By: ______________________________

Please mail your completed application along with your check to SCPHA:

South Carolina Public Health Association
PO Box 11061
Columbia, SC 29211
(803) 540-7531
Fax: (803) 254-3773
scpha@queencommunicationsllc.com
www.scpha.com

(For office use only)

Membership Number ______
Check Number ______
Payment Date ______
Amount Paid $ ______
Record Entered ______
Membership Year