

# 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	<i>(please specify)</i>
<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) 540-7531

Fax: (803) 254-3773

scpha@

queencommunicationsllc.com

www.scpha.com

*(For office use only)*

Membership Number \_\_\_\_\_

Pmt Method/Ck # \_\_\_\_\_

Payment Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Record Entered \_\_\_\_\_

Membership Year \_\_\_\_\_

**Pay Membership  
 Dues Online,  
 visit [www.scpha.com](http://www.scpha.com)**

*(Click on "Pay Fees Online"  
 and fax this form to 803-254-3773)*

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 one-time 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.*