

UPHA Membership Application



<p>Fill in your Member Information Below:</p> <p>First Name _____ Last Name _____</p> <p>Current <u>Home</u> Information (required for Advocacy efforts):</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Preferred Mailing Address</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p>Preferred Emailing Address</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p>Preferred Language</p> <p>_____</p>
<p>Current <u>Work</u> Information:</p> <p>Organization _____</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Phone _____</p> <p>Email _____</p>	<p><input type="checkbox"/> I am a New Member of UPHA</p> <p><input type="checkbox"/> I am Renewing my Membership</p> <p><input type="checkbox"/> I am Updating my info only</p> <p><input type="checkbox"/> I am a Member of APHA</p>

Select Membership Type:

<input type="checkbox"/>	Individual	\$40	Benefits include the right to vote, hold office, and serve on committees, networking opportunities, legislative updates/alerts, a discount at the UPHA annual meeting, and participation in association activities to promote public health.
<input type="checkbox"/>	Student	\$20	Benefits the same as individual; persons must be enrolled at least half time in a college or university.
<input type="checkbox"/>	Life	\$400	Includes benefits of individual membership for life.
<input type="checkbox"/>	Retired	\$20	Includes benefits of individual memberships; persons must be retired from full time employment.
<input type="checkbox"/>	CHW SPIG	\$10	Includes benefits of individual memberships and participation in the Community Health Workers Special Interest Group.

UPHA occasionally shares mailing lists with other associations. If you want your name to **not be included** in these lists please check this box:

Method of Payment*

<p><input type="checkbox"/> Check</p> <p>Payable and: Utah Public Health Association</p> <p>Mail to PO Box 9387 Millcreek, UT 84109</p>	<p><input type="checkbox"/> Credit Card</p> <p>Pay online at: www.upta.org/merchant</p>
---	---

See reverse side for more Information needed for UPHA Membership

UPHA Membership Application



My Two Choices of UPHA Professional Sections / SPIGS:

The purpose of the UPHA Professional Sections and Special Interest Groups (SPIGS) is to provide an organizational structure for members of similar professional interests to partner, collaborate, receive professional development opportunities, and provide a network of content experts in UPHA with technical knowledge and information helpful for professional education and advocacy efforts.

My PRIMARY Choice of Section or Special Interest Group (select only one)

SECTIONS

- Nursing
- Environmental Health
- Health Education & Promotion
- Health Administration
- Epidemiology
- Nutrition & Dietetics
- Student Assembly
- Community Health Workers

I am willing to serve in a Section Leadership Position Yes No Maybe

My SECONDARY Choice of Section or Special Interest Group (select only one)

SECTIONS

- Nursing
- Environmental Health
- Health Education & Promotion
- Health Administration
- Epidemiology
- Nutrition & Dietetics
- Student Assembly
- Community Health Workers

I am willing to serve in a Section Leadership Position Yes No Maybe