

Membership Application

- REGULAR \$220 per year**
Open to health professionals, other career workers in the health field and anyone interested in public health.
- REGULAR \$105 per year**
Member whose annual salary is less than \$45,000 USD or the equivalent for foreign nationals. Proof of status is required annually.
- RETIRED \$95 per year**
Member who has retired and no longer derives income from current work-related activities. Declaration of status is required annually.
- EARLY CAREER PROFESSIONAL \$130 per year**
Member who graduated in the past 24 months and is transitioning into the workforce. Includes programs specific to new public health professionals. This member type is available for three consecutive years. Proof of status is required annually.
- STUDENT \$85 per year**
Student Members must be enrolled in a degree program. Qualifying students should be taking at least six credit hours (undergraduate degree) or three credit hours (graduate degree) per semester or comparable credits in a quarter system. Student membership is available for up to six years. Proof of status is required annually.



GREEN DISCOUNT

Save \$20 when you choose online-only access to the *American Journal of Public Health*. With this discount, you no longer receive a print copy of *AJPH*. You will still have full online access, including the new e-reader.

PROFESSIONAL COMMUNITIES

Your dues include membership in two APHA Sections or Special Primary Interest Groups. You can purchase an additional community membership for \$15 per year. Please select the Sections/SPIGs you would like to join from the list below.

- | | | |
|--|---|--|
| <input type="checkbox"/> APH: Aging and Public Health | <input type="checkbox"/> HIIT: Health Informatics and Information Technology | <input type="checkbox"/> PHARM: Pharmacy |
| <input type="checkbox"/> ATOD: Alcohol, Tobacco and Other Drugs | <input type="checkbox"/> HIV/AIDS: HIV/AIDS | <input type="checkbox"/> PA: Physical Activity |
| <input type="checkbox"/> CHC: Chiropractic Health Care | <input type="checkbox"/> ICEHS: Injury Control and Emergency Health Services | <input type="checkbox"/> POD: Podiatric Health |
| <input type="checkbox"/> CHPPD: Community Health Planning and Policy Development | <input type="checkbox"/> ICTHP: Integrative, Complementary and Traditional Health Practices | <input type="checkbox"/> PRSH: Population, Reproductive and Sexual Health |
| <input type="checkbox"/> CHW: Community Health Worker | <input type="checkbox"/> IH: International Health | <input type="checkbox"/> PHEHP: Public Health Education and Health Promotion |
| <input type="checkbox"/> DIS: Disability | <input type="checkbox"/> LAW: Law | <input type="checkbox"/> PHN: Public Health Nursing |
| <input type="checkbox"/> ENV: Environment | <input type="checkbox"/> MC: Medical Care | <input type="checkbox"/> PHSW: Public Health Social Work |
| <input type="checkbox"/> EPI: Epidemiology | <input type="checkbox"/> MCH: Maternal and Child Health | <input type="checkbox"/> SHES: School Health Education and Services |
| <input type="checkbox"/> ETHICS: Ethics | <input type="checkbox"/> MH: Mental Health | <input type="checkbox"/> STAT: Applied Public Health Statistics |
| <input type="checkbox"/> FN: Food and Nutrition | <input type="checkbox"/> OH: Oral Health | <input type="checkbox"/> VET: Veterinary Public Health |
| <input type="checkbox"/> HA: Health Administration | <input type="checkbox"/> OHS: Occupational Health and Safety | <input type="checkbox"/> VC: Vision Care |

Membership Application

EVERY MEMBER CAMPAIGN

Health is a basic human right. Donate today, and help APHA promote and protect the health of all people. Your gift will support initiatives like health advocacy and policy campaigns and core public health programs. As a donor, you will receive special recognition in the Annual Report and at the Annual Meeting.

The American Public Health Association is registered as a 501 (c)(3) non-profit organization. Contributions to APHA are tax-deductible to the extent permitted by law. We encourage you to consult with your tax advisor on the deductibility of your charitable gifts.

PERSONAL INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____
 DEGREES _____ POSITION/TITLE _____
 ORGANIZATION _____
 MAILING ADDRESS HOME BUSINESS _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY (IF NOT USA) _____
 TELEPHONE _____ - _____ - _____ EMAIL _____
 HOME ZIP + 4 (FOR ADVOCACY PURPOSES) _____ - _____

PAYMENT INFORMATION

MEMBERSHIP DUES* \$ _____
 GREEN DISCOUNT (For online access of the AJPH) (SUBTRACT \$20) \$ _____
 ADDITIONAL SECTION/SPIG (\$15/YEAR) \$ _____
 EVERY MEMBER CAMPAIGN (DONATION TO APHA) \$ _____
 INTERNATIONAL ONLY (Add \$40/year for airmail service if your membership includes print AJPH) \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

* Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. APHA policy provides that all individual members have equal eligibility and responsibility for full participation in the programs of the Association. Dues are nonrefundable and nontransferable.

- CHECK ENCLOSED. Make check payable to "APHA" (U.S. dollars only)
 AMERICAN EXPRESS DISCOVER MASTERCARD VISA

NAME AS IT APPEARS ON CREDIT CARD _____
 CARD NUMBER _____ CVV _____
 EXPIRATION DATE _____ TODAY'S DATE _____ SIGNATURE _____

PAYMENT INSTALLMENTS: *Membership dues can be paid through an installment agreement if you're unable to pay the full fee now.*

CHARGE MY CREDIT CARD: QUARTERLY (4 PAYMENTS) SEMI-ANNUALLY (2 PAYMENTS)