

# MPHA Membership Application

Membership maybe completed online at [www.mtpha.com](http://www.mtpha.com)

New Member

Renewing Member

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Profession \_\_\_\_\_

Oragnization: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Work address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email: Work \_\_\_\_\_ or Home \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

In what area do you work: \_\_\_\_\_ Environmental health \_\_\_\_\_ Public health advocate

\_\_\_\_\_ Public health local govt. \_\_\_\_\_ Public health state govt. \_\_\_\_\_ other \_\_\_\_\_

I work for \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Non- Profit

I am interested in the following committees:

\_\_\_\_\_ Advocacy and policy

\_\_\_\_\_ Conference and continuing education

\_\_\_\_\_ Awards and nominations

\_\_\_\_\_ Membership and communication

\_\_\_\_\_ Finance

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\_\_\_\_\_ Individual - \$50

\_\_\_\_\_ Student/Retired - \$25

I also want to join the Public Health Nurse Organization \_\_\_\_\_ \$25 (you must be a member of MPHA to join this group)

Make checks payable to MPHA

Mail to MPHA, PO Box 511, Choteau, MT 59422

**OR JOIN ONLINE AT [www.mtpha.com](http://www.mtpha.com)**