



MEMBERSHIP APPLICATION

STAY INFORMED, VISIT WWW.EDNCPHA.COM

MEMBERSHIP YEAR: JULY 1, 2008 - JUNE 30, 2009

ANNUAL DUES: \$20.00

NAME: _____

_____ **New Member** **If new, recruited by:** _____

_____ **Renewal** **Previous Name (if remarried, etc.):** _____

Present Position: _____

Email Address: _____

Home Address: _____ **City:** _____ **Zip:** _____

Employer: _____

Employer Address: _____ **City:** _____ **Zip:** _____

Telephone #: _____

I wish to receive my mailings at: _____ **my office** _____ **my home**

Make check or money order payable to EDNCPHA and mail to:

**Djuana Register, Treasurer
Bladen County Health Department
P.O. Box 189
Elizabethtown, NC. 28337**

EDNCPHA is composed of thirteen (13) Sections. An individual must be a member of EDNCPHA to qualify for membership in a Section. Please circle the Section or Sections to which you wish to belong.

- | | | |
|---------------------------|---------------------------|-----------------------------|
| Animal Control | Dental Health | Environmental Health |
| Physician Extender | Management Support | Health Directors |
| Health Education | Nursing | Nutrition |
| Home Care | Laboratory | HIV/STD |
| Social Workers | | |

Will you be eligible for Life Membership _____ **Yes** _____ **No.** (Life Membership requires retirement as of December 31, 2008, and twenty years of service in public health)

If you will be eligible, complete this section and return to the Treasurer by March 1, 2009.

Signed: _____ **Date:** _____