



**MEMBERSHIP APPLICATION**

**STAY INFORMED, VISIT [WWW.EDNCPHA.COM](http://WWW.EDNCPHA.COM)**

**MEMBERSHIP YEAR: JULY 1, 2011 - JUNE 30, 2012**

**ANNUAL DUES: \$25.00**

**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 #:** \_\_\_\_\_

**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     |                    |                      |

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**Will you be eligible for Life Membership \_\_\_\_\_ Yes \_\_\_\_\_ No. (Life Membership requires retirement as of December 31, 2011, and twenty years of service in public health)**

**If you will be eligible, complete this section and return to the Treasurer by March 1, 2012**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_