



MWPCHA Membership Registration Form

Simply complete the membership form below. Send the completed form to our PO Box address with your payment made payable to MWPCHA. You can also sign up online by visiting our website www.mwpha.org.

Please mail your completed acceptance form and payment, made payable to MWPCHA, to PO Box 4843, Cleveland Park Station, Washington, DC 20008.

LAST NAME FIRST NAME MIDDLE INITIAL DEGREES(S)

ORGANIZATION/EMPLOYER POSITION/TITLE

PREFERRED MAILING ADDRESS (___ HOME ___ BUSINESS) CITY/COUNTY STATE ZIP CODE

TELEPHONE E-MAIL ADDRESS

APHA MEMBER? YES ___ NO ___ IF YES, PRIMARY SECTION: _____

Please select the committees of interest:

- | | |
|---------------------------------|--------------------------------|
| _____ Health Disparities | _____ Annual Meeting |
| _____ Women, Children and Youth | _____ Communications |
| _____ Food & Nutrition | _____ Finance |
| _____ Tobacco Use Policy | _____ Membership |
| _____ Other | _____ Professional Development |

Areas of Expertise: _____

Membership Categories and Dues (Note: Please check your membership category AND circle membership years).

- | |
|---|
| _____ Regular Membership \$30 (1 Year) \$50 (2 Years) |
| _____ Retired Membership \$25 (1 Year) \$40 (2 Years) |
| _____ Student Membership \$25 (1 Year) \$40 (2 Years) |

Tax-Deductible Contribution: \$ _____ Total Amount Enclosed: \$ _____

Please visit our website www.mwpha.org to learn about the different committees for you to join, and for additional organization information.

Working Together For a Healthy Community