



# Nevada Public Health Association Membership Form

If you would prefer to join or renew your membership online, please visit our website at [www.nphaonline.org](http://www.nphaonline.org).

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employer/Affiliation

\_\_\_\_\_  
Degrees/Credentials

\_\_\_\_\_  
Email

\_\_\_\_\_  
Alternate Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Fax

Are you currently a member of the **American** Public Health Association (APHA)

**Yes**            **No**

If yes, what is your APHA membership expiration date \_\_\_\_\_

.....  
Please check one

**New Member**

**Renewal**

Please check one

**Northern NV**

**Southern NV**

Please enclose annual dues

**Professional - \$35.00**

**Student - \$15.00**

**Please make check payable to: NPHA**

**Mail form & dues to:**

**NPHA  
PO Box 8543  
Reno, NV 89507**

**[www.nphaonline.org](http://www.nphaonline.org)**

*For NPHA Use:*

Date Received \_\_\_\_\_

Check Received \_\_\_\_\_ (initial)

Date Entered \_\_\_\_\_

Entered by \_\_\_\_\_ (initial)