Your Voice for Public Health



434 Jamaicaway • Jamaica Plain, MA 02130 • TEL: (617) 524-6696 • FAX: (617) 524-5225 • www.mphaweb.org

Harold Cox, President

Geoffrey W. Wilkinson, Executive Director

Organizational Membership Application

Join MPHA as an Organizational Member and receive:

- Free exhibitor table at MPHA's Annual Meeting and Expo;
- Discounted admission to educational forums and conferences for 4 of your employees;
- Listing as an MPHA organizational member on our website and in printed material;
- MPHA's monthly e-updates and printed newsletter, Public Health Action;
- Updates on policy and advocacy issues that affect your organization and community;
- Opportunities to participate in organized action to improve public health in Massachusetts;
- Support MPHA's efforts to protect the health of our communities, workplaces, and environment.

Indicate membership statu	IS: Renewal	New	
Organization Information			
Name of Organization			
Primary Contact Name		Title or Position	
Street Address			
City	State	Zip Code	
Phone Number	Fax Number	Email Address	

List three (3) additional individuals to receive MPHA correspondence

(Please include mailing address if different from above)

Contact Name	Title or Position	Email Address
Contact Name	Title or Position	Email Address
Contact Name	Title or Position	Email Address

Section Affiliation

Please indicate which is your primary affiliation with "1" and your secondary affiliation with a "2" (if applicable).

Signature of primary contact	Date			
Name				
We were referred to MPHA by:				
Health Admin/Planning	Women's Health			
0				
Gerontology	Public Health Nursing			
Food & Nutrition	Prevention			
Epidemiology & Laboratory Sciences	Oral Health			
Environmental& Occupational Health	Minority Health			
Child & Adolescent Health	Health Education/Promotion			

Membership Dues Assessment

Organizational membership dues are determined by the annual budget of the organization. Please check the corresponding box below, and make your payment payable to **MPHA**. All memberships are valid for one year.

Over 1million (\$300)
Over 5 million (\$500)

_____ 500K-1 million (\$250)

Payment Information

Send us an invoice Check made payable	to MPHA	
Pay by credit card	Visa	Master Card
Card number		Exp. Date
Name as it appears of Signature	n card	

Complete form and return with payment to: MPHA, 434 Jamaicaway, Jamaica Plain, MA 02130

If you have any questions please contact Kara Keenan: (617) 524-6696 x113 or kkeenan@mphaweb.org