



Tennessee Public Health Association
P.O. Box 210147
Nashville, Tennessee 37221
Phone (615) 646-3805
e-mail: dgspain@tnpublichealth.org

MEMBERSHIP APPLICATION

New Member Renewal

First Name _____ Last Name _____ Degree(s) _____
 Occupation _____ Employer _____
 Work Address _____ City _____ State _____ Zip Code _____
 Work e-mail _____ Work Phone _____ Fax Number _____

TPHA sponsor for new member only (optional)

Name _____ Office Address _____

NOTE TO STATE EMPLOYEES : Your membership in TPHA is independent of employment by the Tennessee Department of Health. The following information will be used for most communications, including the Newsletter.

Home Address _____ City _____ State _____ Zip Code _____
 Home e-mail _____ Home Phone _____ Senate Dist. # _____ House Dist. # _____

Gender: Male Female **Hispanic:** Yes No

Age: 20-29 30-39 40-49 50-59 60-69 70+

Race: Caucasian African American American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) Asian Other Other

Work Setting: Rural Urban Both

Work Location: Academia Community Based Organization Federal Government
 State Government City/County Government Hospital/Health System Private Industry
 Indian Health/Tribal Government Other (Please List)

Please check below the section in which you wish to be a member. Joining a membership section is optional, and you may join only one section.

- Communicable Disease
- Dental
- Emergency Preparedness (Section dues \$5 annually)
- Environmental (Section dues \$20 annually)
- Epidemiology & Biostatistics
- Health Administration
- Health Education/Health Promotion
- Nursing (Section dues \$10 annually)
- Nutrition (Section dues \$5 annually)
- Physicians
- Public Health Academics
- Students
- Vision Care

PAYMENT INFORMATION

Individual Membership Fee	30.00 _____
Section Dues (<i>if applicable</i>)	_____
Student Membership (<i>full-time</i>)	15.00 _____
Renewal late fee (after 3/15)	10.00 _____

TOTAL \$ _____

Please do not send cash. Make check payable to TPHA.