

MEMBERSHIP APPLICATION
 You can also join ALPHA on line at:
www.alaskapublichealth.org/member



Name: _____ Phone H W Mobile: _____

Mailing Address: _____

E-mail for ALPHA correspondence: _____

Membership level	Rate	Subtotal	Please check your primary area(s) of practice:	
Individual Member	\$55.00		<input type="checkbox"/> Alcohol, Tobacco and Other Drugs	<input type="checkbox"/> Laboratory
Student Member	\$20.00		<input type="checkbox"/> Chiropractic Health Care	<input type="checkbox"/> Maternal and Child Health
Retired Member	\$20.00		<input type="checkbox"/> Community Health Planning and Policy Development	<input type="checkbox"/> Medical Care
Organizational member (based on annual budget)			<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Mental Health
Less than \$250,000	\$125.00		<input type="checkbox"/> Disability	<input type="checkbox"/> Occupational Health and Safety
\$250,000 to \$500,000	\$175.00		<input type="checkbox"/> Environment	<input type="checkbox"/> Oral Health
\$500,001 to \$999,999	\$225.00		<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Podiatric Health
\$1,000,000 or more	\$275.00		<input type="checkbox"/> Ethics	<input type="checkbox"/> Population, Family Planning and Reproductive Health
Additional Contribution: Yes, I'd like to make an additional tax deductible contribution to ALPHA. These funds may be used to supplement: travel scholarships for members to attend the summit; mini- grants to communities; or support ALPHA's mission.	\$25.00		<input type="checkbox"/> Food and Nutrition	<input type="checkbox"/> Public Health Education and Health Promotion
	\$50.00		<input type="checkbox"/> Gerontological Health	<input type="checkbox"/> Public Health Nursing
	\$75.00		<input type="checkbox"/> Health Administration	<input type="checkbox"/> School Health Education and Services
	\$100.00		<input type="checkbox"/> Health Informatics Information Technology	<input type="checkbox"/> Social Work
	Other: _____		<input type="checkbox"/> Health Law Forum	<input type="checkbox"/> Statistics
			<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Veterinary Public Health
			<input type="checkbox"/> Injury Control and Emergency Health	<input type="checkbox"/> Vision Care
			<input type="checkbox"/> International Health	
	TOTAL			

ALPHA is creating password protected website for members to access one another. Is it okay for ALPHA to post your name and email address on the website's members-only page? Yes No

Is it okay to recognize your membership in our newsletter or website as a contributor/friend of public health? Yes No

Please make checks payable to: Alaska Public Health Association and mail or fax to ALPHA | c/o Information Insights | 212 Front Street, Suite 100 | Fairbanks, AK 99701 | Fax 907.450.2470 www.alaskapublichealth.org

Visa/Mastercard # _____ Exp. Date: _____

Signature: _____

OPTIONAL questions to enable ALPHA to serve its membership better:

ALPHA is an affiliate of the American Public Health Association (APHA).

I am a current APHA member Please send me information on joining APHA

Employer: Hospital/ Medical Center State of Alaska
 Local Government Schools/University
 Community Health Center Primary Health Care Center
 Tribal Organization Other: _____

Degree(s): High School/GED Associate Degree Bachelors
 Masters Doctoral
 Other Professional degrees (specify): _____

Sex/Age: Male Female 20-29 years 30-39 years
 40-49 years 50-59 years 60-69 years >70 years

Race/ Ethnicity: Hispanic Alaska Native/ American Indian White
 Black Asian/Pacific Islander Other: _____

I am interested in being involved with ALPHA:

- Health Summit:** helping plan and coordinate the Summit program and presentations
- Health Policy:** tracking and evaluating local, state, and national issues and legislation to determine ALPHA's position and advocate for sound public health policy
- Education:** creating educational content for the ALPHA newsletter and website
- Awards:** soliciting and selecting the ALPHA award recipients
- Membership/ Public Relations:** enhancing ALPHA membership recruitment, retention and brand in Alaska
- Mentoring:** orienting new members to ALPHA
- Other-Please Specify:** _____