



**ALPHA**

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ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

# Membership Application

Name \_\_\_\_\_ Phone(hm) \_\_\_\_\_

Phone(wk) \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Title/Program \_\_\_\_\_

*Membership is one year from date of joining or renewing. DATE Submitted* \_\_\_\_\_

*Please indicate your dues rate and enclose payment with your application.*

Individual Member Dues \$45.00/Year  Student \$20/Year  Retired \$20/Year

Organizational Member \$\_\_\_\_\_ (Dues based on Organization's Annual Budget)

Dues Are on a Scale Based on the Annual Budget. Less than \$250,000 (\$100/year), \$250,000 to \$500,000 (\$150/year), \$500,001 to \$999,999 (\$200/year), Budgets over \$1 Million (\$250/year).

Sustaining Member \$\_\_\_\_\_ Contributions over \$100

The Alaska Public Health Association is recognized by the IRS as a 501(c)3 non-profit organization. Contributions over \$45 are tax-deductible to the fullest extent of the law.

*Please make checks payable to: Alaska Public Health Association*

VISA/Mastercard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*I am interested in being involved in the following areas :*

\_\_\_ Alaska Health Summit \_\_\_ Education \_\_\_ Awards \_\_\_ Nominations \_\_\_ Health Policy

\_\_\_ Membership \_\_\_ Public Relations \_\_\_ Other *Please Specify:* \_\_\_\_\_

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

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

Please mail your renewal and payment to: ALPHA PO Box 73490 Fairbanks, Alaska 99707  
You may also FAX your renewal with your VISA/MC payment to 907/450-2470