# MPHA MEMBERSHIP APPLICATION

**PLEASE CHECK ONE:**
- Initial Application
- Renewal, current member
- Renewal, lapsed* member

*MPHA memberships are renewed in January each year.

PLEASE PRINT: Enclose your dues payment when mailing application. Make checks payable to MPHA. **Please consider a tax-deductible donation.**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>DEGREES</th>
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**POSITION/TITLE**

**EMPLOYER**

**MAILING ADDRESS**

<table>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>YOUR HOME ZIP CODE</th>
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<td>(for legislative district purposes only)</td>
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**TELEPHONE**

**FAX**

**E-MAIL ADDRESS**

**REFERRED BY (member name)**

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Please refer to definitions on back and select a membership category:

- **Active** $65
- **Student** $15 (Enrolled 1/2 time status)
- **Retiree** $20
- **Supporting** $250 (Corporate)
- **Lifetime** $1,000 (payable over 4 years)

Check the section(s) you want to join:

- Epidemiology $5
- Laboratory/Disease Control $3
- Oral Health $2
- Public Health Nursing $5
- Student No fee

Check the committee(s) on which you would like to serve:

- Awards
- Bylaws
- Elections and Nominations
- Membership
- Newsletter
- Public Policy/Legislation
- Resource Development

Please consider a tax-deductible donation.

**MEMBERSHIP DUES** $__________

**SECTION FEES** $__________

**TAX-DEDUCTIBLE GIFT** $__________

**TOTAL ENCLOSED** $__________

Please make checks payable to MPHA.

Are you an APHA member?  
- Yes
- No
MEMBERSHIP CATEGORY DEFINITIONS

ACTIVE: Any person interested in the purposes of the Association is eligible for active membership. Active members shall be entitled to all membership privileges including the right to vote, to hold office, or to receive appointment to a committee.

STUDENT: Any student enrolled at least half time in a program of study related to the purposes of the Association is eligible for student membership. Student members shall be entitled to the same privileges as the active members. Attach proof of status.

RETIREE: Any person who has retired from active public health practice and no longer derives significant income from public health related activities is eligible for retiree membership. Retired members shall be entitled to the same privileges as active members.

SUPPORTING: Any corporation or organization interested in supporting the mission of the Association is eligible for membership. Supporting members are entitled to receive publications of the Association, and a listing in the annual meeting program. Supporting members shall be entitled to the same rights and privileges as active members. The organization providing supporting membership will designate the person eligible to vote on behalf of the organization. The supporting members will each have 1 vote.

LIFETIME: Any active member who wishes to pay in advance for lifetime membership. Lifetime members shall be entitled to all membership privileges, including the right to vote, to hold office, or to receive appointment to a committee. Lifetime members may elect to pay the associated dues at once or may make equal payments annually over four years from the date of selecting this membership class.

MPHA officers or board members will contact all members indicating an interest in a committee. Please make sure to include your phone numbers and email.

Mail application and payment to:

MPHA
PO Box 15306
Lansing, MI 48901-5306