

MPHA Membership Registration



Date _____

Name (last) _____ (first) _____

Preferred Email _____

Preferred mailing address: *** If you prefer your work address, please also provide your home zip code so that we may appropriately target legislative activities in your area. We will not use your home address for regular contact. ***

Address _____ Home

City _____ County _____ Zip _____ Work

Phone _____

Work organization and Job Title (if applicable) _____

How did you hear about us? _____

Membership Type (please select one)

Members Options (please select one)

- New Member
- Renewing Member

- Individual (one year, \$50)
- Student (one year, \$20)
- Retired (one year, \$20)
- Lifetime (\$750)

Please accept my additional tax-deductible contribution of \$ _____

**Please make checks payable and mail with form to:
MPHA, PO Box 14709, Minneapolis, MN 55414**

MPHA is an all-volunteer organization. Through continued support of our members, we are able to offer opportunities to advocate for public health and network with other professionals. We invite you to be an active member on one or more of our committees. If you are interested, please identify the committee and a chair of that committee will contact you.

- Annual Conference Planning
- Communication
- Public Policy and Advocacy
- Membership Development
- Leadership Development / Awards Committee
- Policy Forum Planning