



MINNESOTA PUBLIC
HEALTH ASSOCIATION
www.mpha.net

MPHA Individual Membership Registration

[\(click here to complete on mpha.net\)](#)

Date _____

Name (first) _____ (last) _____

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, Job Title (if applicable) _____

How did you hear about us? _____

Membership Type (please select one):

- New Member
- Existing Member Renewal

Members Options (please select one):

- Individual (\$50 per year)
- Student (\$20 per year)
- Reduced-Price Individual (\$20 per year)
- Retired (\$20 per year)
- Lifetime (\$720)

MPHA is a volunteer-driven organization. Through continued support of our members, we 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(s) and a chair of that committee will contact you.

- Annual Conference Planning Communication Development
- Global Health Health Equity History
- Membership Leadership Development Policy & Advocacy
- Policy Forum Planning

Optional Donation

The Minnesota Public Health Association is a 501(c)(3) nonprofit organization, and any additional contributions are tax-deductible. If you would like to donate, please complete the gift section below. Thank you for your generous support for MPHA!

Gift amount:	<input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> Other _____
Gift frequency:	<input type="checkbox"/> One-time donation <input type="checkbox"/> Monthly (MPHA Treasurer will contact you to enroll)

Donor directed gift (if left unchecked, support will go to Unrestricted):	
<input type="checkbox"/> Scholarship Support:	Because access to independent, reliable, and up-to-date information should be available to all (regardless of ability to pay). Support need-based scholarships to MPHA events.
<input type="checkbox"/> Event Sponsorship:	Because program and knowledge sharing is important as we strive to assure the public's health, event sponsorship assists in bringing practitioners together to discuss the future of public health.
<input type="checkbox"/> Unrestricted Support:	Because MPHA needs to support its members, while maintaining flexibility to focus on emerging and recurring priorities. Your support provides an ability for MPHA to provide essential communications through its website, support public health student internships, and participate in community outreach and coalition partnerships.

Please make checks payable and mail with form to:

MPHA, PO Box 14415, Minneapolis, MN 55414

Welcome, and thank you for joining MPHA in our mission to create a healthier Minnesota through effective public health practice and engaged citizens!