



2018 Agency Membership Application

Organization _____

Address _____

Telephone _____ E-mail _____

Person to whom mail should be addressed _____

Title _____

Dues Schedule and Benefits

- \$10,000 Platinum Agency Membership (includes exhibit space and full page ad)
- \$5,000 Gold Agency Membership (includes exhibit space and full page ad)
- \$2,500 Silver Agency Membership (includes exhibit space and full page ad)
- \$1,000 Bronze Agency Membership
- \$ 500 Sustaining Agency Membership
- \$ 200 Agency Membership

Agency Members will be recognized in the annual meeting program. A detailed description of each membership level is available on our TPHA website at: www.tnpublichealth.org.

Mail completed application with appropriate annual dues to Tennessee Public Health Association, P. O. Box 210147, Nashville, TN 37221 or you may renew online at www.tnpublichealth.org

For New Agency Membership:

Sponsor:

Name _____ Work Location _____