2020 Agency Membership Application

Organization ______________________________________________________________

Address ____________________________________________________________________

Telephone __________________________ E-mail ________________________________

Person to whom mail should be addressed ______________________________________

Title ______________________________________________________________________

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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____________________________