



Tennessee Public Health Association
P. O. Box 301
Hendersonville, TN 37077
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2018 MEMBERSHIP APPLICATION

DATE: _____ **New Member** ___ **Renew** ___

First Name _____ Last Name _____ Degree(s) _____
 Occupation _____ Employer _____
 Work Address _____ City _____ State _____ Zip Code _____
 Work e-mail _____ Work Phone _____

TPHA SPONSOR (for new member only) (optional)
 Name _____ Email Address _____

NOTE TO STATE EMPLOYEES : Your membership in TPHA is independent of employment by the TN Department of Health. The following information will be used for communications which cannot be shared over work email.
 Home Address _____ City _____ State _____ Zip Code _____
 Home e-mail _____ Home Phone _____ Senate Dist. # _____ House Dist. # _____

Gender: ___ Male ___ Female **Hispanic:** ___ Yes ___ No
Age: ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+
Race: ___ Caucasian ___ African American ___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander
 ___ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) ___ Asian Other ___ Other
Work Setting: ___ Rural ___ Urban ___ Both
Work Location: ___ Academia ___ Community Based Organization ___ Federal Government
 ___ State Government ___ City/County Government ___ Hospital/Health System ___ Private Industry
 ___ Indian Health/Tribal Government _____ Other (Please List)

Please check below the section in which you wish to be a member. Joining a section is optional and you may join only one section.

- _____ Dental
- _____ Emergency Preparedness (Section dues \$5 annually)
- _____ Environmental (Section dues \$20 annually)
- _____ Epidemiology & Communicable Disease Section
- _____ Health Administration
- _____ Health Education/Health Promotion
- _____ Nursing (Section dues \$10 annually)
- _____ Nutrition (Section dues \$5 annually)
- _____ Physicians
- _____ Public Health Academics
- _____ Students
- _____ Vision Care

PAYMENT INFORMATION	
Individual Membership Fee	30.00 _____
Section Dues (<i>if applicable</i>)	_____
Student Membership (<i>full-time</i>)	15.00 _____
Renewal late fee (after 3/15)	10.00 _____
TOTAL	\$ _____
Please do not send cash. Make check payable to TPHA.	