



## 2019 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](http://www.tnpublichealth.org).*

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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](http://www.tnpublichealth.org)

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#### ***For New Agency Membership:***

Sponsor:

Name \_\_\_\_\_ Work Location \_\_\_\_\_