



Tennessee Public Health Association

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Membership Application Form

Date: _____ Please check one: _____ New Member Application _____ Membership Renewal

First Name _____ Last Name _____ Degree(s) _____

Title _____ Organization Name _____

Work Address _____ City _____ State _____ Zip Code _____

Work e-mail _____ Work Phone _____ Fax Number _____

TPHA sponsor for new member (optional)

Name _____ Office Address _____

NOTE TO STATE EMPLOYEES

Your membership in TPHA is independent of employment by the Tennessee Department of Health. The following information will be used as your contact information for most communications, including the Newsletter.

Home Address _____ City _____ State _____ Zip Code _____

Home e-mail _____ Home Phone _____

Senate District # _____ House District # _____

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

- Administrative, Management, & Planning
- Case Management
- Communicable Disease
- Dental
- Emergency Preparedness
- Environmental (Section dues \$20.00 annually)
- Epidemiology & Biostatistics
- Health Education/Health Promotion
- Management Support (Section dues \$10.00 annually)
- Nursing (Section dues \$10.00 annually)
- Nutrition (Section dues \$5.00 annually)
- Physicians
- Students

PAYMENT INFORMATION

Individual Membership Fee \$30.00 _____

Section Dues (*if applicable*) _____

Student Membership (*full-time*) \$15.00 _____

Renewal late fee (after 3/15) \$10.00 _____

TOTAL \$ _____

Please do not send cash. Make check payable to TPHA.