



**Tennessee Public Health Association**  
**P. O. Box 210147**  
**Nashville, TN 37221**  
**Phone: 615-646-3805**  
**Email: dgspain@tnpublichealth.org**

**2017 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.**

Communicable Disease  
 Dental  
 Emergency Preparedness (Section dues \$5 annually)  
 Environmental (Section dues \$20 annually)  
 Epidemiology & Biostatistics  
 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 _____
<b>Renewal</b> late fee (after 3/15)	10.00 _____
<b>TOTAL</b>	<b>\$</b> _____

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