

**ALABAMA PUBLIC HEALTH ASSOCIATION, INC.
NEW/RENEWAL APPLICATION FORM**

Social Security Number _____ E-mail address _____ New Renewal

Name (As it appears on your payroll check) _____

ALPHA Name (If different) _____ Work Phone _____

Agency/ Organization _____ Area/County Office/Bureau _____ Branch Subunit _____

Agency/ Organization Address _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

Section Affiliation Select One From Each Box

I would like Payroll Deduction _____
Signature _____

Recruited By _____
CHECKS PAYABLE TO ALABAMA PUBLIC HEALTH ASSOCIATION
INDIVIDUAL DUES \$24.00 CORPORATE MEMBERSHIP \$350.00
STUDENT MEMBERSHIP \$5.00