Join or renew securely online at
apha.org/membership

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

MEMBERSHIP APPLICATION

☐ **JOIN** ☐ **RENEW**

☐ **REQUIRED ACTION** By checking this box, I acknowlddge that I have read, understand and agree to comply with the **APHA Code of Conduct**. I understand that if I violate the Code of Conduct, APHA may impose corrective or disciplinary action, including suspension or expulsion from APHA.

1. CONTACT INFORMATION

Prefix (ex. Dr. Mr. Ms.)	First Name	M.I	Last Name	Degrees
Position/Title			Organization	
Mailing Address – ☐ home ☐ business				
City	State	ZIP Code	Country (if not USA)	
Telephone – ☐ home ☐ business	Email – ☐ home ☐ business		Home ZIP+4 (for advocacy purposes)	

2. MEMBERSHIP CATEGORIES AND DUES

REGULAR

☐ **$230 per year**

☐ **$115 per year (discounted)**
Member whose annual salary is less than $45,000 USD or the equivalent for foreign nationals. Proof of status is required annually.

RETIRED

☐ **$105 per year**
Member who has retired and no longer derives income from current work-related activities. Declaration of status is required annually.

EARLY-CAREER PROFESSIONAL

☐ **$140 per year**
Member who graduated in the past 24 months and is transitioning into the workforce. Includes programs specific to new public health professionals. This member type is available for three consecutive years. Proof of status is required annually.

STUDENT

☐ **$90 per year**
Student Members must be enrolled in a degree program. Qualifying students should be taking at least six credit hours (undergraduate degree) or three credit hours (graduate degree) per semester or comparable credits in a quarter system. Student membership is available for up to six years per degree. Proof of status is required annually.

AGENCY INDIVIDUAL *(not eligible for Economy Discount)*

☐ **$75 per year**
(for nonprofit, academic and government agencies)

☐ **$150 per year**
(for other agencies)

Member who is an employee of an active APHA agency member. Visit **apha.org/agency-member-directory** for a full list.

Agency Code (required):

_____ *(Your agency code can be obtained from your agency liaison or by emailing* **membership@apha.org**.*)*

3. ECONOMY DISCOUNT

Save $20 when you choose not to receive the pdf version of the *American Journal of Public Health*. With this discount, you will still have full online access to *AJPH*.

4. PROFESSIONAL COMMUNITIES

Your dues include membership in **two** APHA Sections or Special Primary Interest Groups. You can purchase an additional community membership for $15 per year.* Please select the Sections/SPIGs you would like to join from the list below.

- ☐ 1HLTH: OneHealth
- ☐ APH: Aging and Public Health
- ☐ APHS: Applied Public Health Statistics
- ☐ ATOD: Alcohol, Tobacco and Other Drugs
- ☐ CHC: Chiropractic Health Care
- ☐ CHPPD: Community Health Planning and Policy Development
- ☐ CHW: Community Health Worker
- ☐ DIS: Disability
- ☐ ENV: Environment
- ☐ EPI: Epidemiology
- ☐ ETHICS: Ethics
- ☐ FAH: Foot & Ankle Health
- ☐ FN: Food and Nutrition
- ☐ HA: Health Administration
- ☐ HIIT: Health Informatics and Information Technology
- ☐ HIV/AIDS: HIV/AIDS
- ☐ ICEHS: Injury Control and Emergency Health Services
- ☐ ICTHP: Integrative, Complementary and Traditional Health Practices
- ☐ IH: International Health
- ☐ LAW: Law
- ☐ MC: Medical Care
- ☐ MCH: Maternal and Child Health
- ☐ MH: Mental Health
- ☐ OH: Oral Health
- ☐ OHS: Occupational Health and Safety
- ☐ PA: Physical Activity
- ☐ PHARM: Pharmacy
- ☐ PHEHP: Public Health Education and Health Promotion
- ☐ PHN: Public Health Nursing
- ☐ PHSW : Public Health Social Work
- ☐ SHW: School Health & Wellness
- ☐ SRH: Sexual and Reproductive Health
- ☐ VC: Vision Care

* ☐ I would like to add one Section/SPIG for $15 _____ (please indicate abbreviation of section/SPIG)

5. DONATE TO APHA

Health is a basic human right. Donate today, and help APHA promote and protect the health of all people. Your gift will support initiatives like health advocacy and policy campaigns and core public health programs. As a donor, you will receive special recognition in the Annual Report and at the Annual Meeting.

The American Public Health Association is registered as a 501(c)(3) non-profit organization. Contributions to APHA are tax-deductible to the extent permitted by law. We encourage you to consult with your tax advisor on the deductibility of your charitable gifts.

6. PAYMENT INFORMATION

Membership Dues*	$ _____
Economy Discount (subtract $20)	$ _____
Donation to APHA	$ _____
Additional Section/SPIG ($15/year)	$ _____
Total Amount Enclosed	$ _____

** Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. APHA policy provides that all individual members have equal eligibility and responsibility for full participation in the programs of the Association. Dues are nonrefundable and nontransferable.*

MAKE CHECK PAYABLE TO APHA (U.S. $$ only).

MAIL APPLICATION AND CHECK TO:

APHA
800 I St. NW
Washington, DC 20001

FAX 202-777-2520
EMAIL membership@apha.org

INSTALLMENT AND AUTOMATIC RENEWAL PLAN

Pay for your membership quarterly, semi-annually or annually with APHA's installment and automatic renewal plan. It's an easy, affordable way to handle your membership. (The Installment Plan options do not apply to individuals who join or renew through their agency or company membership.)

To choose this option, click **"Enroll Now"** when you check out securely online at **apha.org**.

Please note that if you select an installment plan, your membership will also automatically renew annually — at the payment intervals you select — until you tell us to stop.

If you need any assistance with your membership payment, please contact APHA Membership Services at 202-777-2400 or membership@apha.org.

FOR OFFICE USE ONLY: MEMAPP

04/2024