



American Association of
**PUBLIC HEALTH
PHYSICIANS**

New Member or Renewal Form

The Voice of Public Health Physicians – Guardians of the Public's Health – <http://www.aaphp.org>

Mission:

- Promote the Public's Health.
- Represent Public Health Physicians.
- Educate the nation on the role and importance of the Public Health Physician's knowledge and skills in practicing population medicine.
- Foster Communication, Education and Scholarship in Public Health.

Joining is easy: <http://www.aaphp.org/join>, or fill out and mail this form.

Name: _____

Medical and Graduate Degrees: _____

E-mail: _____ Alternate E-mail: _____

Title and Organization: _____

Current State Licensure(s), if applicable: _____ AMA Member? Yes__ No__

Board Certification(s), if any: _____

Year of Birth _____ Year Finished (or to finish) Residency _____

Membership Categories: Physician (\$99) _____ Non-Physician Affiliate Member (\$60) _____

Sustaining Physician - (\$500.00) _____ Supporting Physician (\$195) _____ Lifetime (\$1800) _____

Retired Physician (\$40) _____ Note: Lower Dues for Medical Students (\$10), Residents (\$15), Young Physician (\$25) and are available through our website <http://www.aaphp.org/application>.

INVOICE: Payment Options:

Check or Money Order: Make out to "American Association of Public Health Physicians"

Credit or Debit Card: Charge \$ _____ to my MasterCard__ Visa__ American Express__ Discover __

Name as Shown on Card: _____

Card Number: _____ Expires: _____

Billing Address: _____

Signature: _____ Date: _____

COMMUNICATIONS AND PRIVACY POLICY: For timeliness at low cost, AAPHP sends all information to your primary E-mail address. If you prefer NOT to receive E-mails from AAPHP, please check here: _____, and add a physical address:

PLEASE RETURN THIS FORM to:

AAPHP
C/O Virginia Chancellor,
324 N Lang A Apt 2
Pittsburgh PA, 15208

Questions? Email: membership@aaphp.org or Phone: 1-888-447-7281