

Organizational Membership Form



NEW HAMPSHIRE
**PUBLIC HEALTH
ASSOCIATION**

Improving Health, Preventing Disease, Reducing Costs for All

Are you renewing your membership or a new member to NHPHA?

New Renewal

Date: _____

Organization Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Organization Phone: _____ Organization Website: _____

Organization Contact Person: _____

Organization Contact Email: _____

Please note: The contact person will be the administrator of your organizational membership for communication purposes only and is not a member of NHPHA unless listed to receive free membership under one of the levels below or joins as an individual membership. Questions regarding membership can be directed to info@nhpha.org

Organizational Membership Levels (please choose a level and list the names of the individuals to receive free memberships)

Public Health Friend (\$200) = org name recognition on website, access to NHPHA listserv, one (1) free individual membership

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Public Health Partner (\$500) = org name and logo recognition on website, access to NHPHA listserv, two (2) free individual memberships

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

2. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Public Health Advocate (\$1,000) = org name and logo recognition on website, access to NHPHA listserv, three (3) free individual memberships:

1. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

2. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

3. Name: _____ Position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Organizational Membership Levels - continued

Public Health Champion (\$2,500) = org name and logo recognition on website and at one (1) event of your choice, spotlight feature, access to NHPHA listserv, four (4) free individual memberships:

1. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
2. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
3. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
4. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Public Health Leader (\$5,000) = org name and logo recognition on website and at all events, spotlight feature, access to NHPHA listserv, five (5) free individual memberships:

1. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
2. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
3. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
4. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No
5. Name: _____ Position: _____
Address: _____ City: _____ ST: _____ Zip: _____
Email: _____ Primary Phone: _____ May we contact you in the future for NHPHA policy polling? Yes No

Please make checks payable to NHPHA
Send to: **NH Public Health Association**
4 Park Street, Suite 403
Concord, NH 03301

NHPHA is a volunteer organization. The work that we do can only happen with **active member participation**, so please consider joining a committee. For a list of committees and their meeting schedules, go to: <http://nhpha.org/about/committees>

