



MEMBERSHIP APPLICATION

STAY INFORMED, VISIT www.easterndistrictpublichealth.org

MEMBERSHIP YEAR: JULY 1, 2020 - JUNE 30, 2021

ANNUAL DUES: \$25.00

NAME: _____

_____ **New Member** **If new, recruited by:** _____
_____ **Renewal** **Previous Name (if remarried, etc.):** _____

Present Position: _____

Email Address: _____

Home Address: _____ **City:** _____ **Zip:** _____

Employer: _____

Employer Address: _____ **City:** _____ **Zip:** _____

Telephone #: _____

Complete Membership application and make check payable to EDNCPHA and mail or call to pay by credit card to:

**EDNCPHA
Djuana Register, Treasurer
P.O. Box 113
Elizabethtown, NC. 28337
910-876-2510**

EDNCPHA is composed of Six (6) Sections. An individual must be a member of EDNCPHA to qualify for membership in a Section. Please circle the Section or Sections to which you wish to belong.

**Environmental Health FAMI Health Directors
Health Education Communicable Disease Nursing/Physician Extenders/Laboratory**

Will you be eligible for Life Membership _____ Yes _____ No. (Life Membership requires retirement as of December 31, 2020, and twenty years of service in public health)

If you will be eligible, complete this section and return to the Treasurer by March 1, 2021

Signed: _____ **Date:** _____