



**MEMBERSHIP APPLICATION**

**STAY INFORMED, VISIT [www.easterndistrictpublichealth.org](http://www.easterndistrictpublichealth.org)**

**MEMBERSHIP YEAR: JULY 1, 2022 - JUNE 30, 2023**

**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 613  
Benson, NC 27504  
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**

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**Will you be eligible for Life Membership \_\_\_\_\_ Yes \_\_\_\_\_ No. (Life Membership requires retirement as of December 31, 2022, and twenty years of service in public health)**

**If you will be eligible, complete this section and return to the Treasurer by March 1, 2023**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_