



Eastern District
NCPHA

MEMBERSHIP APPLICATION

STAY INFORMED, VISIT www.easterndistrictpublichealth.org

MEMBERSHIP YEAR: JULY 1, 2025 - JUNE 30, 2026

ANNUAL DUES: \$35.00

NAME: _____

_____ **New Member** _____ **Renewal**

If new, name of person or organization you were recruited by: _____

Agency Position: _____

Email Address: _____

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

Employer: _____

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

Telephone #: _____

Please complete the Membership application and make check payable to EDNCPHA. To pay by credit card, please call 910-876-2510. You will need to scan and email your membership form to edncpha@yahoo.com

EDNCPHA
Djuana Register, Treasurer
P.O. Box 16001
High Point, NC 27261
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
Health Education

FAMI
Communicable Disease

Health Directors
Nursing/Physician Extenders/Laboratory

Will you be eligible for Life Membership _____ Yes _____ No. (Life Membership requires retirement as of December 31, 2025, and twenty years of service in public health)

If you will be eligible, complete this section and return it to the Treasurer by March 1, 2026

Signed: _____ **Date:** _____