



**MEMBERSHIP APPLICATION**

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

**MEMBERSHIP YEAR: JULY 1, 2023 - JUNE 30, 2024**

**ANNUAL DUES: \$35.00**

**NAME:** \_\_\_\_\_

\_\_\_\_\_ **New Member**                      \_\_\_\_\_ **Renewal**

**If new, name of person or organization you were recruited by:** \_\_\_\_\_

**Present 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                      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, 2023, and twenty years of service in public health)**

**If you will be eligible, complete this section and return to the Treasurer by March 1, 2024**

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