



**Eastern District
NCPHA**

MEMBERSHIP APPLICATION

STAY INFORMED, VISIT www.easterndistrictpublichealth.org

MEMBERSHIP YEAR: JULY 1, 2024 - JUNE 30, 2025

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

Will you be eligible for Life Membership _____ Yes _____ No. (Life Membership requires retirement as of December 31, 2024, and twenty years of service in public health)

If you will be eligible, complete this section and return to the Treasurer by March 1, 2025

Signed: _____ **Date:** _____