

Hawai`i Public Health Association

Promoting public health in Hawai`i through leadership, collaboration, education and advocacy.

HPHA Membership Form

Applicant Information

This is a (check one): New Application Renewal

Full Name (as it should be listed):

Dr. Mr. Ms. Mrs. Other

Degree(s):

Title or Position:

Company/Agency & Program:

Please provide your preferred contact information below:

Address:

Phone:

Cell:

Email:

Do you wish to serve on an HPHA committee? Yes No

Please check below:

Awards

Legislation

Membership

Nominations

Program/Continuing Education

Public Relations

The following is optional information for statistical purposes:

Are you a current member of APHA? Yes No

Membership Rates:

\$25 Regular Member

\$15 Student/Senior Member (must carry at least 8 credits)

\$35 Combined HPHA and UH School of Public Health Alumni Association Membership

\$50 Contributing Member (\$25 dues + \$25 *donation)

\$125 Sustaining Member (\$25 dues + \$100 donation)

\$250 Lifetime Member

Add any donation amount to your membership dues: \$ _____

**All donations are tax deductible*

Please make dues payable to Hawai`i Public Health Association and send to:

Hawai`i Public Health Association

PMB 336

7192 Kalaniana`ole Hwy, Suite A143A

Honolulu, Hawai`i 96825-1832

Signature of Applicant:

Date: