

***Hawai`i Public Health Association***  
*Promoting public health in Hawai`i through leadership, collaboration,  
 education and advocacy.*

<b>HPHA Membership Form</b>	
Applicant Information	
This is a (check one): New Application <input type="checkbox"/> Renewal <input type="checkbox"/>	
Full Name (as it should be listed):	
Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/>	Degree(s):
Title or Position:	
Company/Agency & Program:	
Please provide your preferred contact information below:	
Address:	Phone:
	Fax:
Email:	
Do you wish to serve on an HPHA committee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please check below:	
<input type="checkbox"/> Awards	<input type="checkbox"/> Policy/Advocacy
<input type="checkbox"/> Membership	<input type="checkbox"/> Alumni
<input type="checkbox"/> Events	<input type="checkbox"/> Communications/Public Relations
The following is optional information for statistical purposes:	
Are you a current member of APHA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Membership Rates: <input type="checkbox"/> \$25 Regular Member	
<input type="checkbox"/> \$15 Student/Senior Member (must carry at least 8 credits)	
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:

***JOIN US! WE NEED YOU!***