

CONTACT INFORMATION

Please return application with payment to the address above.

Ms. Mrs. Mr. Dr. Other: _____

Name: _____
First M.I. Last Degrees/certifications, if used

Title: _____

LHD/Organization: _____

Mailing Address: _____

City State Zip

Street Address: _____

City State Zip

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Billing Contact: _____ Referred By: _____

LOCAL HEALTH DEPT. (LHD) MEMBERSHIP

LHDs may join NACCHO only in this category. Membership is in the LHD's name, but membership benefits extend to all staff in the LHD.

Size of Population Served: _____

- Includes Tribal Communities
- Tribal Health Department

NACCHO Forum Selection:

- City (smaller cities or townships)
- Metro (metropolitan areas and cities over 350,000 in population)
- County (includes county or regional health departments)

Population Served	2010 Dues
0-24,999	\$55
25,000-49,999	\$155
50,000-74,999	\$230
75,000-99,999	\$375
100,000-149,999	\$560
150,000-199,999	\$650
200,000-299,999	\$755
300,000-399,999	\$945
400,000-499,999	\$1,110
500,000-749,999	\$1,420
750,000-999,999	\$1,585
1,000,000-1,999,999	\$1,850
2,000,000-2,999,999	\$2,425
3,000,000+	\$3,625

NON-LHD AFFILIATE MEMBERSHIP

Individuals/organizations not associated with an LHD may apply for this category. Affiliate membership is subject to NACCHO's approval. LHDs may not apply as affiliates.

Individual Affiliates (non-LHD):

- Student \$25 Graduation Date: _____
- Retiree \$50
- Alumni \$50

(Available to those who have left an LHD but wish to remain connected to the field. Alumni members receive all member benefits and may serve on NACCHO committees but may not vote in NACCHO elections.)

- Other \$110

Organization Affiliates (non-LHD):

- State Public Health Dept. or Govt. Agency \$340
- Non-Profit or School of Public Health \$340
- For-Profit \$2,490

PAYMENT TYPE

Membership Year: July 1 – June 30 Jan. 1 – Dec. 31

Check (Please make checks payable to "NACCHO.")

Visa MasterCard American Express

Card #: _____

Expiration: _____ / _____

Name on Card: _____

Signature: _____