

Please return completed application with payment to the address below. If your organization is a current or past NACCHO member, do not submit this form. Contact the Membership Department at membership@naccho.org. Please type information.

ORGANIZATION INFORMATION (Staff information is to be completed on second page)			
Name of Local Health Department (LHD) or Organization			
Mailing Address			
Street Address			
City		State	Zip Code
Main E-mail			
Website			
Phone		Fax	
Facebook			
Twitter			

DUES BY POPULATION CATEGORY (please check one)				
	0-49,999	\$205	400,000-749,999	\$1,660
	50,000-99,999	\$440	750,000-1,999,999	\$2,160
	100,000-199,999	\$760	2,000,000-2,999,999	\$2,830
	200,000-399,999	\$1,100	3,000,000 and up	\$4,235

PAYMENT INFORMATION	
Membership Year	July 1–June 30 OR Jan. 1–Dec. 31
Payment Type	Check Visa MasterCard American Express
Number on Card	
Name on Card	
Exp. Date (month/year)	

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 (Specify):
Includes Tribal Communities Tribal Health Department
NACCHO Forum Selection
City (smaller cities or townships) Metro (metropolitan areas and cities over 350,000 in pop.)

ADDITIONAL INFORMATION
Are you affiliated with a State Association of County & City Health Officials (SACCHOs)?
Yes No
If so, which _____
Do you house a federally qualified health center (FQHC)?
Yes No
Does your LHD have administrative authority over a Medical Reserve Corps (MRC) Unit?
Yes No

How did you hear about NACCHO membership?
Email
NACCHO Website
NACCHO Event
Colleague _____
Other _____

Reasons why you most want to join:
(please check only two):
Education and Training Access
NACCHO Career Center Access
Member Discounts
Powerful Advocacy
Professional Recognition
Critical News and Information
Annual Conference, PHP Summit, and other events
Access to the Latest Products and Services
Networking Opportunities
Access to Scholarships
Mentoring/Opportunities to give back to community and field

NACCHO Federal Tax ID: 52-142-6663
Mail to: NACCHO PO Box 79197 Baltimore MD 21279-0197
 Please make checks payable to "NACCHO."

Please continue on to second page.



HEALTH OFFICIAL

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

ENVIRONMENTAL HEALTH CONTACT

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

IMMUNIZATION CONTACT

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

INFECTIOUS DISEASE CONTACT

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

MEDICAL DIRECTOR

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

LEAD EPIDEMIOLOGIST

Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

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Prefix	Mr Ms Mrs Dr	Full Name		Degrees	
Phone				Email	

