

### ORGANIZATION INFORMATION

LHD Name

Mailing Address

City State Zip

Street Address (if different than mailing address)

Main Phone

Website

### BILLING CONTACT

First Name MI Last Name

Phone

Email

1. Size of Population Served \_\_\_\_\_  
Tribal Health Department?  Yes  No  
Includes Tribal Communities?  Yes  No
2. Are you affiliated with a State Association of County and City Health Officials (SACCHO)?  Yes  No  
If so, which? \_\_\_\_\_
3. Do you house a Federally Qualified Health Center (FQHC)?  Yes  No
4. Does your LHD have administrative authority over a Medical Reserve Corps (MRC) Unit?  Yes  No

### TOP EXECUTIVE CONTACT INFORMATION

Please identify the agency head, who will have voting rights and receive key communications from NACCHO.

First Name MI Last Name Credentials if used

Title

Email

Mailing Address

City State Zip

Primary Phone  Office  Home  Cell

Secondary Phone  Office  Home  Cell

### ADDITIONAL STAFF CONTACT INFORMATION

Please provide a contact for each of the areas of practice below. List any other staff members who would benefit from directly receiving NACCHO information. Include additional sheets if necessary.

#### ENVIRONMENTAL HEALTH CONTACT:

First Name MI Last Name Credentials if used

Email

#### IMMUNIZATION CONTACT:

First Name MI Last Name Credentials if used

Email

#### INFECTIOUS DISEASE CONTACT:

First Name MI Last Name Credentials if used

Email

#### MEDICAL DIRECTOR CONTACT:

First Name MI Last Name Credentials if used

Email

#### LEAD EPIDEMIOLOGIST CONTACT:

First Name MI Last Name Credentials if used

Email

#### PUBLIC HEALTH PREPAREDNESS CONTACT:

First Name MI Last Name Credentials if used

Email

Area of Practice

## ADDITIONAL STAFF

Please list any other staff members who would benefit from directly receiving NACCHO information. All staff members are eligible for NACCHO benefits. Include additional sheets if necessary.

First Name MI Last Name *Credentials if used*

Email

Title

First Name MI Last Name *Credentials if used*

Email

Title

First Name MI Last Name *Credentials if used*

Email

Title

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First Name MI Last Name *Credentials if used*

Email

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First Name MI Last Name *Credentials if used*

Email

Title

## ANNUAL DUES & PAYMENT INFORMATION

### Population Served (check one)

<input type="checkbox"/>	0 – 49,999	\$ 250
<input type="checkbox"/>	50,000 – 99,999	\$ 535
<input type="checkbox"/>	100,000 – 199,999	\$ 915
<input type="checkbox"/>	200,000 – 399,999	\$ 1,320
<input type="checkbox"/>	400,000 – 749,999	\$ 1,995
<input type="checkbox"/>	750,000 – 1,999,999	\$ 2,595
<input type="checkbox"/>	2,000,000 – 2,999,999	\$ 3,395
<input type="checkbox"/>	3,000,000 +	\$ 5,045

### PAYMENT TYPE:

- Check Enclosed (made payable to NACCHO)  
 Charge my:  Visa  MasterCard  American Express

Card Number

Exp (MM/YY)

Name on Card

NACCHO Federal Tax ID: 52-142-6663

Please return the completed application with payment to:

**NACCHO, PO Box 79197, Baltimore, MD 21279-0197**

**If you are a current or past NACCHO member, do not submit this form. Contact the Membership Department at [membership@naccho.org](mailto:membership@naccho.org).**

**QUESTIONS? Call 877-533-1320**

## BENEFITS

### NACCHO Works for You

- **Advocacy & Outreach:** Amplify your voice in national conversations and policy-making related to public health and gain the communication skills to promote solutions.
- **Professional Development & Team Building:** Advance your career with up-to-date information, training, and support—and get the tools to build effective teams.
- **Networking & Community:** Connect with colleagues nationwide to share effective practices, solve problems, drive change, and form successful community coalitions.
- **Research & Quality Improvement:** Learn about cutting-edge research to help plan and strategize more effectively in order to grow and strengthen your agency.
- **Participation & Recognition:** Get involved in national initiatives and receive recognition for your achievements and contributions to the field of public health.

**Join NACCHO today!**

# NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

**Questions? Call 877-533-1320**