

### 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 *Credentials if used*

Email

Title

Phone

1. Size of Population Served
2. Are you a Tribal Health Department?  Yes  No
3. If not, does your jurisdiction include Tribal Communities?  Yes  No
4. Are you affiliated with a State Association of County and City Health Officials (SACCHO)? If so, which?  Yes  No
5. Do you house a Federally Qualified Health Center (FQHC)?  Yes  No
6. Does your LHD have administrative authority over a Medical Reserve Corps (MRC) Unit?  Yes  No

#### PRIMARY CONTACT INFORMATION (PH Director, Health Officer, Administrator)

First Name MI Last Name *Credentials if used*

Email

Title

**Mailing Address**

City State Zip

Primary Phone Office  Cell  Home

Secondary Phone Office  Cell  Home

### 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

Title

#### IMMUNIZATION HEALTH CONTACT:

First Name MI Last Name *Credentials if used*

Email

Title

#### INFECTIOUS DISEASE CONTACT:

First Name MI Last Name *Credentials if used*

Email

Title

#### MEDICAL DIRECTOR CONTACT:

First Name MI Last Name *Credentials if used*

Email

Title

#### LEAD EPIDEMIOLOGIST CONTACT:

First Name MI Last Name *Credentials if used*

Email

Title

#### PUBLIC HEALTH PREPAREDNESS CONTACT:

First Name MI Last Name *Credentials if used*

Email

Title

*Want to know more about  
NACCHO Member Benefits?*

Go To: [naccho.org/membership/member-benefits](http://naccho.org/membership/member-benefits)

### ADDITIONAL STAFF

Please list any other staff who would benefit from utilizing NACCHO member benefits.

***All staff are eligible.***

*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

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

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

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

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

First Name	MI	Last Name	Credentials if used
------------	----	-----------	---------------------

Email

Title

**DUES & PAYMENT INFORMATION**

**POPULATION SERVED (CHOOSE ONE)**

<input type="checkbox"/>	0 - 49,000	\$305
<input type="checkbox"/>	50,000 - 99,000	\$660
<input type="checkbox"/>	100,000 - 199,999	\$1,110
<input type="checkbox"/>	200,000 - 399,999	\$1,610
<input type="checkbox"/>	400,000 - 749,999	\$2,420
<input type="checkbox"/>	750,000 - 1,199,999	\$3,160
<input type="checkbox"/>	2,000,000 - 2,199,999	\$4,090
<input type="checkbox"/>	3,000,000 +	\$6,060

**PAYMENT TYPE**

By Check (made payable to NACCHO)

Charge my:  Visa  MasterCard  American Express

Card Number  Exp. (MM/YY)

Name On Card  CVV

**NACCHO FEDERAL TAX ID: 52-1426663**

Please return the completed application to [membership@naccho.org](mailto:membership@naccho.org).  
*Membership is non-transferable, non-refundable and non-tax-deductible.*

**Payment Options:**

**Phone: (877) 533-1320**

**Email: [membership@NACCHO.org](mailto:membership@NACCHO.org)**

**NACCHO WORKS FOR YOU**

**Advocacy & Outreach:** Amplify your voice in national conversations and policymaking 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.

**BENEFITS**

**Join  
NACCHO  
today!**

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