

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

First Name MI Last Name *Credentials if used*

Email

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Email

Title

First Name MI Last Name *Credentials if used*

Email

Title

First Name MI Last Name *Credentials if used*

Email

Title

ANNUAL DUES & PAYMENT INFORMATION

Population Served *(check one)*

0	-	49,999	\$250
50,000	-	99,999	\$535
100,000	-	199,999	\$915
200,000	-	399,999	\$1,320
400,000	-	749,999	\$1,995
750,000	-	1,999,999	\$2,595
2,000,000	-	2,999,999	\$3,395
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.

QUESTIONS? Call 877-533-1320