



Public Health Association of Nebraska 2017 Membership Form

Member Information – Membership year runs from January through December

Please print clearly

New _____ Renewal _____

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Phone: _____

E-mail: _____

PHAN Annual Membership:	Membership Amount
<input type="checkbox"/> INDIVIDUAL Membership \$45.00	
OR	
<input type="checkbox"/> ORGANIZATIONAL Membership (As an <i>Organizational Member</i> , UP TO 16 people from your organization can be PHAN Members. To specify up to fifteen other people besides you as a PHAN member, please include their name and e-mail address on the second page of this form) <ul style="list-style-type: none"> <input type="checkbox"/> \$320.00 for 8 people (\$40.00 per person) <input type="checkbox"/> \$450.00 for 12 people (\$37.50 per person) <input type="checkbox"/> \$560.00 for 16 people (\$35.00 per person) 	
OR	
<input type="checkbox"/> CONTRIBUTING Member	
<input type="checkbox"/> STUDENT Membership \$25.00 (<i>Includes dues for Student Section</i>)	
<input type="checkbox"/> RETIREEES Membership \$25.00	
PHAN Section Membership: (Must be a PHAN Member to join a Section)	
<input type="checkbox"/> Community Health Worker Section \$20.00	
<input type="checkbox"/> Public Health Nursing Section \$10.00	
<input type="checkbox"/> Public Health Education Section \$25.00	
<input type="checkbox"/> Emergency Response Section \$100.00 (For additional ERC Section members from the same organization – add \$5.00 per person. List name and email address on the second page of this form)	
<input type="checkbox"/> Epidemiology GIS Section \$5.00	
NOTE: The State Association of Local Boards of Health (SALBOH) Section is billed separately	
TOTAL	

Make checks payable to: PHAN – 3201 Pioneers Blvd. Ste. 206 – Lincoln, NE 68502

Organizational Members

As an **Organizational Member**, up to sixteen people from your organization can be PHAN Members. To specify up to fifteen other people besides you as a PHAN member, please include their name, e-mail address and desired Section below:

1. **Name** _____ _ Section _____
E-mail address _____
2. **Name** _____ _ Section _____
E-mail address _____
3. **Name** _____ _ Section _____
E-mail address _____
4. **Name** _____ _ Section _____
E-mail address _____
5. **Name** _____ _ Section _____
E-mail address _____
6. **Name** _____ _ Section _____
E-mail address _____
7. **Name** _____ _ Section _____
E-mail address _____
8. **Name** _____ Section _____
E-mail address _____
9. **Name** _____ _ Section _____
E-mail address _____
10. **Name** _____ _ Section _____
E-mail address _____
11. **Name** _____ Section _____
E-mail address _____
12. **Name** _____ _ Section _____
E-mail address _____
13. **Name** _____ _ Section _____
E-mail address _____
14. **Name** _____ _ Section _____
E-mail address _____
15. **Name** _____ _ Section _____
E-mail address _____

ERC Section Members

For additional **ERC Section members** from the same organization – add \$5.00 per person. List name and e-mail address below.

1. Name _____

E-mail address _____

2. Name _____

E-mail address _____

3. Name _____

E-mail address _____

Make checks payable to: PHAN – 3201 Pioneers Blvd. Suite 206 – Lincoln, NE 68502

Thank you for your Membership and Support of PHAN!