



Membership Form

October 1, 2011 –September 30, 2012

11 Parkwood Drive ♦ Augusta, ME 04330 ♦ Phone: (207) 622-7566 ♦ Fax: (207) 622-3616 ♦ www.mainepublichealth.org

ANNUAL MEMBERSHIP CATEGORIES

YOUR INVOLVEMENT

- Individual - \$50.00**
 - One 2012 individual membership
- Full-time Student- \$10.00**
 - Qualification for student rate is 12 credit hours or more
- Retiree- \$25.00**
- Partner Organization - \$500.00**
 - 2 individual 2012 memberships
- Lifetime Membership - \$750.00**
 - One individual membership for life
 - Includes all member benefits plus a 20% discount on all MPHA events
- Advocate Organization - \$1,000.00**
 - 5 individual 2012 memberships
 - Your logo on MPHA website
- Alliance Organization - \$2,500.00**
 - 5 individual 2012 memberships
 - Your logo on MPHA website
 - **Gold** level meeting sponsorship
- Sustaining Organization - \$5,000.00**
 - 10 individual 2012 memberships
 - 10 Annual Meeting registrations
 - **Platinum** level meeting sponsorship
 - Your logo on MPHA website
- I would like to further support the work of MPHA:** please accept my additional contribution of \$ _____ to advance public health in Maine.

Are you interested in becoming actively involved in MPHA?

- E-news contributor on topic of my expertise (please list): _____

- MPHA Committee
 - ___ Marketing/Membership
 - ___ Tobacco Policy
 - ___ Obesity Policy
 - ___ Broad public health policy
 - ___ Conference planning
 - ___ Awards/nominations

- Represent MPHA on an external Board or Committee

- Help to plan an MPHA regional meeting

Please inform me of MPHA public policy advocacy initiatives through e-action alerts: YES NO

Please make check payable to: MPHA
Mail to: 11 Parkwood Drive
Augusta, ME 04330

➤ Please enclose the dues payment with this form and return it to MPHA at the address above.

➤ Contact mainepha@gmail.com if you have any questions.

*ALL FIELDS ARE REQUIRED

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ OCCUPATION _____

POSITION/TITLE _____ ORGANIZATION _____

HOME BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ E-MAIL ADDRESS _____ PASSWORD for WEBSITE _____