

...JOIN ...RENEW

... **REQUIRED ACTION** By checking this box, I acknowledge that I have read, understand and agree to comply with the APHA Code of Conduct. I understand that if I violate the Code of Conduct, APHA may impose corrective or disciplinary action, including suspension or expulsion from APHA.

1. CONTACT INFORMATION

Pre x (ex. Dr. Mr. Ms.)	First Name	M.I	Last Name	Degrees
Position/Title			Organization	
Mailing Address –home .business				
City		State	ZIP Code	Country (if not USA)
Telephone – home .business	Email – .home .business			Home ZIP+4 (for advocacy purposes)

3. ECONOMY DISCOUNT

Save \$20 when you choose not to receive the pdf version of the American Journal of Public Health. With this discount, you will still have full online access to AJPH.

4. PROFESSIONAL COMMUNITIES

Your dues include membership in two APHA Sections or Special Primary Interest Groups. You can purchase an additional community membership for \$15 per year*. Please select the Sections/SPIGs you would like to join from the list below.

5. DONATE TO APHA

Health is a basic human right. Donate today, and help APHA promote and protect the health of all people. Your gift will support initiatives

6. PAYMENT INFORMATION

Membership Dues*	\$ _____
Economy Discount (subtract \$20)	\$ _____
Donation to APHA	\$ _____
Additional Section/SPIG (\$15/year)	\$ _____
Total Amount Enclosed	\$ _____

* Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. APHA policy provides that all individual members have equal eligibility and responsibility for full participation in the programs of the Association. Dues are nonrefundable and nontransferable.