



Membership Form – Year 2010/2011

Promoting healthy people and healthy communities through dialogue, partnerships, education, and research in public health law

THANK YOU FOR YOUR INTEREST IN PHLA AS A PRIOR, CURRENT, OR FUTURE MEMBER –

To join the Association as a full member, please provide the following information and include your annual dues in the amount of \$50.00 via check or money order made payable to the “Public Health Law Association” and return via mail to the address noted below. Sorry – no payments can be made by credit card.

If you are a registered Student or otherwise cannot afford annual dues at the present time, please consider joining the Association as a non-voting “Honorary” member. Student or Honorary members may not vote in Association elections, but they will receive and share PHLA news, updates, and information.

JOIN OR RENEW YOUR MEMBERSHIP FOR 2010-2011 BY PROVIDING THE INFORMATION BELOW:

Contact information:

Name: _____ Title: _____
Organization: _____ Phone: _____
Address: _____ Fax: _____
City/State/Zip: _____ Email: _____

Membership Category: (please check one)

- FULL MEMBER** [entitled to ASLME conference registration discount in the amount of \$50.00]
- HONORARY MEMBER**
- STUDENT MEMBER** [registered student at any undergraduate or graduate program – please provide verification (e.g., copy of current student I.D.) with your completed form]

Please return this form [with payment or other info where applicable] to:

Public Health Law Association
c/o Martha Brocato, Operations Manager
3233 Leslie Lane
Atlanta, GA 30345

Or email as a PDF attachment to msbrocato@comcast.net

I would like to:

- Make a donation to “PHLA”
- Present at a teleconference
- Contribute to PHLA projects
- Other _____

My area(s) of interest in public

health law are: _____