



# Membership Application

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

**YOUR SUPPORT IS CRITICAL TO CONTINUE THE GROWTH OF PHLA**

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  Home  
\_\_\_\_\_  Business

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Home  Business

Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Title: \_\_\_\_\_

**Membership Category: (please check one)**

- Public Sector: *employed by local, state or federal governments, non-profits, and academia - \$100US/\$125CDN*
- Private/Self-Employed: *employed by private organization or self-employed - \$150US/\$185CDN*
- Transitional: *graduated from an undergraduate or graduate program in the last 3 years - \$45US/\$60CDN*
- Student: *student at undergraduate or graduate program - \$15US/\$20CDN*

**Payment Method**

- Check Enclosed \$ \_\_\_\_\_ (please enter amount)
- Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express  
Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_

**Please return membership form and payment to:** Public Health Law Association  
PO Box 133122  
Atlanta, Georgia 30333

Questions? Send email to [msbrocato@phla.info](mailto:msbrocato@phla.info) or call 770-401-9403 or 770-491-0163

**I would like to:**

- Write a newsletter article
  - Volunteer on a Committee  
\_\_\_\_\_ Members/Affiliates Services  
\_\_\_\_\_ Products
  - Present at a teleconference
  - Contribute to a white paper
- Serve on an editorial board  
 Other \_\_\_\_\_
- My area(s) of interest in public health law are:  
\_\_\_\_\_  
\_\_\_\_\_