



Membership Form

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

Name: _____ Degree(s): _____

Organization: _____

Address: _____ Home
_____ Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Home Business

Email: _____

Employer/School: _____

Title: _____

Membership Category: (please check one)

Note: There is a \$25 discount for public sector and private/self-employed members who sign up for a two-year membership.

- Public Sector: employed by local, state, federal governments, non-profits, and academia - **\$75 (2-year = \$125)**
- Private/Self-Employed: employed by private organization or self-employed - **\$100 (2-year = \$175)**
- Transitional: graduated from an undergraduate or graduate program in the last 3 years - **\$45**
- Student: student at undergraduate or graduate program - **\$15** **Date of Graduation:** _____
- Unemployed/Hardship: Please contact Patti Freeman at 651-201-5520 or e-mail patricia.segal.freeman@state.mn.us to request a reduced rate or fee waiver.

Payment Method (To join on-line, go to phla.info. "How to Join" is an option in the Welcome.)

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

Please return form and payment to:

Public Health Law Association
c/o Martha Brocato, Operations Officer
3233 Leslie Lane, NE
Atlanta, GA 30345
Phone: 770-491-0163 – Fax: 770-491-9359

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

Questions? Send email to msbrocato@comcast.net or fax or phone Martha Brocato

I would like to:

- Write a newsletter article
- Volunteer on a Committee
 - Membership & Marketing
 - Planning & Development
- Present at a teleconference
- Volunteer to be a student mentor.
- Other _____

My area(s) of interest in public health law are:

Date received by PHLA _____