



Public Health Association of Nebraska Membership Application Form

(Please type or print)

Membership year runs from January - December

<i>PHAN Membership Form</i>	<i>Amount</i>
<p>PHAN Annual Membership:</p> <p style="padding-left: 40px;">INDIVIDUAL Member.....\$30.00</p> <p style="text-align: center;"><i>OR</i></p> <p style="padding-left: 40px;">CONTRIBUTING Member.....\$50.00</p> <p style="padding-left: 20px;"><i>A Contributing member helps support PHAN by paying a higher membership fee.</i></p> <p style="text-align: center;"><i>OR</i></p> <p style="padding-left: 40px;">ORGANIZATIONAL Member.....\$200.00</p> <p style="padding-left: 20px;"><i>As an Organizational member, any eight people from your organization are considered PHAN members. If you would like to specify three other members besides yourself as a PHAN member please include their name and e-mail address on a separate sheet of paper.</i></p>	
<h2 style="margin: 0;">PHAN Section Dues</h2> <p style="margin: 5px 0 0 40px;">If you are interested in joining a PHAN Section, please indicate below.</p>	
<p><input type="checkbox"/> Public Health Nursing Section.....\$10.00</p> <p style="padding-left: 20px;"><i>For public health nurses</i></p>	
<p><input type="checkbox"/> Public Health Education Section\$25.00</p> <p style="padding-left: 20px;"><i>For public health educators in state and local positions</i></p>	
<p><input type="checkbox"/> Prevention Providers Section.....\$5.00</p> <p style="padding-left: 20px;"><i>For people working in substance abuse and mental health</i></p>	
<p><input type="checkbox"/> Emergency Response Section (membership includes access to conference calls and discounts for Emergency Response Section sponsored activities).....\$100.00</p> <p style="padding-left: 20px;"><i>For Emergency Response Coordinators and others interested in Biopreparedness</i></p>	
<p><input type="checkbox"/> Student Section - Membership to join PHAN is \$15, plus.....\$5.00</p> <p style="padding-left: 20px;"><i>For students of all ages</i></p>	
<p><i>Amount due for PHAN Membership</i></p>	\$

Please fill out second page

PHAN Member Information

New_____ Renewal_____

Name:_____

Title:_____ Phone: Home_____

Phone: Work_____ Fax:_____

E-mail:_____

Organization:_____

Business Address:_____

City:_____ State_____ Zip:_____

Home Address:_____

City:_____ State_____ Zip:_____

Occupation:_____ Educational Degrees:_____

Mailing Address Preferred: _____ Business _____ Home

For questions, contact - 402-483-1039 or PublicHealthNe@cs.com

Send form and payment to:

PHAN Membership
1321 South 37th Street
Lincoln, NE 68510