



**DELAWARE
ACADEMY of
MEDICINE**

DPHA
DELAWARE PUBLIC HEALTH ASSOCIATION

APPLICATION FOR MEMBERSHIP

Join us in our mission *to promote the health of Delaware residents through the advancement of sound public health policies and practice.*

MEMBERSHIP TYPE

- Individual: \$99 per year. Discounts for new members are being offered at this time:
Year 1 discount: 75% off \$25
Year 2 discount: 50% off \$50
Year 3 discount: 25% off \$75
- 6 Year bundled discount rate: \$315 for a six year membership. Save \$132.
- Retired: \$25 per year.
- Student*: \$10 per year. (This is a non-voting membership category)
- Corporate/Institutional: Please call 302-733-3952 for details. (This is a non-voting membership category)

*NOTE: For those applying as students - Individuals must be enrolled in a degree program. Qualifying student should be taking at least 6 credit hours (undergraduate degree) or 3 credit hours (graduate degree) per semester or comparable credits in a quarter system. Student membership is available for up to six years per degree. Proof of Status is required annually.

CONTACT

Name: _____ Degree(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (optional): _____ email (required): _____

PAYMENT INFO

Check enclosed - Please make checks payable to: **"Delaware Academy of Medicine"**
 MasterCard VISA Discover American Express
Credit Card Number: _____ CVV: _____ Expiration Date: _____
Signature: _____ *As an alternative you may pay securely online using your credit card.*

SECTION & COMMITTEE ELECTIONS

Please indicate your interest in committees and sections below:

Sections

- Aging and Public Health
- Alcohol, Tobacco, and Other Drugs
- Community Health Planning and Policy Development
- Epidemiology
- Food and Nutrition
- International Health
- Maternal and Child Health
- Mental Health
- Public Health Education and Promotion
- Other: _____

Committees

- Archives and History
- Finance and Fundraising
- Membership
- Program Development
- Special Events
- Speakers Bureau

SEND

Please mail your completed form with check to: **Delaware Academy of Medicine / DPHA**, Suite L10, 4765 Ogletown-Stanton Road, Newark, DE 19713. If paying by credit card, you may also fax your form to 302-733-3949.