# STEMPEL PUBLIC HEALTH ASSOCIATION

## Membership Application

_____ _____ ____
Last Name First Name MI

_____ _____
Street Address Apt. City, State, Zip

_____ _____ _____
Main Contact Phone # Alternate Phone # E-Mail Address

Panther ID#_____

The best way to contact me is via:____telephone ____E-Mail ____Courier Mail
The best time or day(s) of the week to contact me is:_____

Are you a new member? Yes____ No____

What is your primary purpose for joining or renewing your membership with SPHA?_____

_____

Would you be interested in joining or receiving more information about any committees (committee descriptions are on back)? Yes____ No____

If yes, which one(s)?

| | | |
|---|---|---|
| ____Social | ____Fundraising | ____Public Relations |
| ____Publications | ____Public Relations | ____Membership |
| ____Alumni Relations | ____Other Interest | |

I have special skills/talents that might be useful to the group:_____

_____

_____

*****Please complete this form and return <u>with a $15.00 check/money order or cash</u> to the SPHA office in HLS II 555.******

**<u>OFFICE USE ONLY:</u>**
Date Received_____ Membership#_____
Paid ____yes ____no Receipt#_____