NACCHO

National Association of County & City Health Officials

1100 17th Street, NW, Seventh Floor, Washington, DC 20036

Membership Application

2013

Please return application with payment to the address above.

CONTACT INFORMATION

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other: _____

Name: _____
First M.I. Last Degrees/certifications, if used

Title: _____

LHD/Organization: _____

Mailing Address: _____

_____
City State Zip

Street Address: _____

_____
City State Zip

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Billing Contact: _____ Referred By: _____

LOCAL HEALTH DEPT. (LHD) MEMBERSHIP

LHDs may join NACCHO only in this category. **Membership is in the LHD's name, but membership benefits extend to all staff in the LHD.**

Size of Population Served: _____

☐ Includes Tribal Communities

☐ Tribal Health Department

NACCHO Forum Selection:

☐ City (smaller cities or townships)

☐ Metro (metropolitan areas and cities over 350,000 in population)

☐ County (includes county or regional health departments)

Population Served	Dues
0–24,999	$62
25,000–49,999	$175
50,000–74,999	$260
75,000–99,999	$420
100,000–149,999	$630
150,000–199,999	$730
200,000–299,999	$850
300,000–399,999	$1,061
400,000–499,999	$1,245
500,000–749,999	$1,593
750,000–999,999	$1,779
1,000,000–1,999,999	$2,076
2,000,000–2,999,999	$2,721
3,000,000+	$4,068

NON-LHD AFFILIATE MEMBERSHIP

Individuals/organizations not associated with an LHD may apply for this category. Affiliate membership is subject to NACCHO's approval. ***LHDs may not apply as affiliates.***

Individual Affiliates (non-LHD):

☐ Student $25 Graduation Date: _____

☐ Retiree $50

☐ Alumni $50

(Available to those who have left an LHD but wish to remain connected to the field. Alumni members receive all member benefits and may serve on NACCHO committees but may not vote in NACCHO elections.)

☐ Other $110

Organization Affiliates (non-LHD):

☐ State Public Health Dept. or Govt. Agency $340

☐ Non-Profit or School of Public Health $340

☐ For-Profit $2,490

PAYMENT TYPE

Membership Year: ☐ July 1 – June 30 ☐ Jan. 1 – Dec. 31

☐ Check *(Please make checks payable to "NACCHO.")*

☐ Visa ☐ MasterCard ☐ American Express

Card #: _____

Expiration: _____ / _____

Name on Card: _____

Signature: _____

NACCHO Federal Tax ID: 52-142-6663