



Newfoundland & Labrador
Public Health Association

APPLICATION FOR AFFILIATED ASSOCIATION MEMBERSHIP
FEE \$30.00

STATUS: New Member _____ Renewal _____

ORGANIZATION: _____

CONTACT PERSON: LAST NAME: _____ FIRST NAME: _____

POSITION: _____

ADDRESS: Home _____ Business _____

CITY/TOWN: _____ POSTAL CODE: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

Indicate your primary area(s) of interest: _____

Are you interested in serving on or chairing a subcommittee? Yes ___ No ___

To ensure we comply with Canada's Anti-Spam Legislation (CASL), NLPHA must have your express consent before sending you any electronic messages (emails) from the association. Please indicate your choice on receiving electronic messages: Yes ___ No ___

Date: _____ Your signature: _____

Please send your completed application to the below noted address & payment either by Interac E-transfer to nlphatreasurer@outlook.com or with a cheque or money order:

**Treasurer
Newfoundland and Labrador Public Health Association (NLPHA)
P.O. Box 8172, St. John's, NL, A1B 3M9**

An orientation package will be sent to you following acceptance of your application.

FOR OFFICE USE

Date Received: _____ Date Receipt Issued: _____

Date Orientation Package Sent Out: _____

Revised June 2018