

**Section 1: Member Information**

Board or Member Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Website \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Section 2: Membership Categories**

Member Type	Description	Jurisdiction Population	Annual Dues	Please Select
Board of Health Member Population 1	A local, state or tribal board of health, health advisory board, or other local governing body designated by law for overseeing local public health policy, services or programs.	Less than 50,000	\$200	<input type="checkbox"/>
Board of Health Member Population 2		50,000 – 199,999	\$300	<input type="checkbox"/>
Board of Health Member Population 3		200,000 – 999,999	\$400	<input type="checkbox"/>
Board of Health Member Population 4		1 million and over	\$500	<input type="checkbox"/>
Associate Member	Any individual committed to the Association's mission and purposes.		\$100	<input type="checkbox"/>
Partner Member	Any agency, organization or corporation committed to the Association's mission and purposes.		\$100	<input type="checkbox"/>

**Section 3: Primary Contact Information**

Name: \_\_\_\_\_

Title:  Health Officer     Board Chair     Other (Please List) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*The NALBOH office will follow up with your primary contact to complete your member profile upon application submission.*

**Payment Information**

<b>Total Enclosed: \$</b>		
<b>Method of Payment:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa / MasterCard / Discover / American Express )		
Card #	Expiration Date	Security Code
Name as it appears on card		
Authorized signature		
NALBOH Federal Tax ID #: 34-1723582		Return this form and payment to: NALBOH • 563 Carter Ct, Ste B • Kimberly, WI 54136 920-560-5644 • Fax: 920-882-3655 nalboh@badgerbay.co • www.nalboh.org