

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. | | \$500 | <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

| | | |
|--|-----------------|--|
| Total Enclosed: \$ | | |
| Method of Payment: <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 |