BECOME A NALBOH MEMBER FOR 2021!

We invite you to become a member with the National Association of Local Boards of Health for the 2021 membership year. Membership runs from January 1-December 31, 2021. We offer a variety of member only benefits that you can take advantage of. We look forward to another great year for the National Association of Local Boards of Health.

NALBOH MEMBER BENEFITS

- Quarterly Newsbrief electronic and by mail
- Monthly electronic newsletter
- Discounted rates to NALBOH conferences, webinars, and events
- Access to members-only online resources
- Resources and training specific to board of health members
- Share and exchange news stories & articles on NALBOH website, eNews & Quarterly Newsbrief
- Eligibility to receive scholarships
- Network with Board of Health members across the country
- Track your learning and event participation through the NALBOH web portal
- National leadership opportunities on the NALBOH Board and Committees

JOIN NALBOH TODAY!

- Visit www.nalboh.org
- Click on the Membership Tab
- To register online, choose your membership type and click the continue button.

SIX FUNCTIONS OF GOVERNANCE

1. POLICY DEVELOPMENT: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

2. RESOURCE STEWARDSHIP: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.

3. LEGAL AUTHORITY: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

4. PARTNER ENGAGEMENT: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community’s health.

5. CONTINUOUS IMPROVEMENT: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency’s/governing body’s own ability to meet its responsibilities.

6. OVERSIGHT: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

SAVE THE DATE FOR THE NALBOH 2021 ANNUAL CONFERENCE!

AUGUST 1-3
Amway Grand Plaza Hotel
Grand Rapids, MI

Registration information to be available in Spring of 2021. Go online to www.nalboh.org/events for rate information and more details. Early bird deadline is June 30th! Plan now to attend!

HOTEL INFORMATION

Rooms are available at the Amway Grand Plaza Hotel at a special group rate of $179. Reservations can be made by calling the Hotel toll free line at 1-800-253-3590 and request the National Association of Local Boards of Health (NALBOH) Group block. Consider bringing your whole family to enjoy the wonderful area!
SECTION I: MEMBER INFORMATION
Board or Member Name: _______________________________________________________
Address 1: __________________________________________________________________
Address 2: __________________________________________________________________
City: ___________________________ State: ___________________________ Zip: ____________
Website: ____________________________________________________________________ Phone: ___________________________ Fax: ______________________

SECTION II: MEMBERSHIP CATEGORIES

<table>
<thead>
<tr>
<th>MEMBER TYPE</th>
<th>DESCRIPTION</th>
<th>JURISDICTION POPULATION</th>
<th>ANNUAL DUES</th>
<th>PLEASE SELECT</th>
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</thead>
<tbody>
<tr>
<td>Board of Health Member</td>
<td>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.</td>
<td>Less than 50,000</td>
<td>$200</td>
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<tr>
<td>Population 1</td>
<td></td>
<td>50,00-199,999</td>
<td>$300</td>
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<tr>
<td>Population 2</td>
<td></td>
<td>200,000-999,999</td>
<td>$400</td>
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<td>Population 3</td>
<td></td>
<td>1 million and over</td>
<td>$500</td>
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<td>Population 4</td>
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<td>Associate Member</td>
<td>An individual committed to the Association’s mission and purposes.</td>
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<td>$100</td>
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<tr>
<td>Partner Member</td>
<td>An agency, organization or corporation committed to the Association’s mission and purposes.</td>
<td></td>
<td>$500</td>
<td></td>
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</table>

SECTION III: PRIMARY CONTACT INFORMATION
Name: ____________________________________________________________
Title:    ☐ Health Officer    ☐ Board Chair    ☐ Other (Please List) ___________________________
E-mail Address: ___________________________ Phone Number: ___________________________

*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:    ☐ Check    ☐ Credit Card (Visa / Mastercard / Discover / American Express)
Card Number: ___________________________ Expiration Date: ___________________________ Security Code: ___________________________
Authorized Signature: ____________________________________________________________

NALBOH Federal Tax ID #: 34-1723582

Return this form and payment to:
NALBOH, 563 Carter Court, Suite B, Kimberly, WI 54136
920-560-5644, Fax: 920-882-3655, nalboh@badgerbay.co, www.nalboh.org