

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