



Maine Public Health Association

The Voice of Public Health in Maine for 30 Years

Membership Application

ANNUAL MEMBERSHIP CATEGORIES

Individual Memberships:

- Lifetime Membership: \$750**
 - One Individual membership for life
 - Includes all member benefits plus a 20% discount on all MPHA events
- Individual: \$70**
 - One-year Individual membership
- Retiree: \$25**
- Full-time Student: \$10**
 - Any matriculated student, undergraduate or graduate, working toward a degree. Must show proof of enrollment.
- Early Career Professional: \$35**
 - An individual within 2 years of completing their education

Organizational Memberships:

- Sustaining Corporate Membership: \$6,000**
 - Up to 20 employee MPHA memberships
 - 40% off additional employee memberships (\$42)
 - 20% discount on MPHA conferences for all members
- Alliance Corporate Membership: \$3,000**
 - Up to 15 employee MPHA memberships
 - 30% off additional employee memberships (\$49)
 - 10% discount on MPHA conferences for all members
- Advocate Corporate Membership: \$1,200**
 - Up to 10 employee MPHA memberships
 - 20% off additional employee memberships (\$56)
- Partner Corporate Membership: \$600**
 - Up to 5 employee MPHA memberships
 - 10% off additional employee memberships (\$63)
- Stakeholder Corporate Membership: \$300**
 - Up to 2 employee MPHA memberships

All organizational members are listed on our website & in our Annual Report and are eligible for free job postings.

YOUR INVOLVEMENT

MPHA is only as strong as its membership. Please partner with us to help make Maine a healthy place to live!

- Contribute to the E-newsletter on a topic of my expertise

- Serve on one of the following MPHA Issue-Based Member Sections
 - Alcohol, Tobacco and Other Drugs
 - Climate
 - Health Equity
 - Obesity
 - Public Health Infrastructure

PAYMENT INFORMATION

- Check enclosed
- Check being mailed
- Invoice me

Please make checks payable to:

**Maine Public Health Association, 122 State Street
Augusta, ME 04330**

- Charge my credit card: Visa Mastercard

Card # _____

Exp. _____ CVC code _____

**Additional questions or specific billing needs? Contact
Rebecca Boulos, executivedirector@mainepublichealth.org**

**Please let us know if someone referred you to join
MPHA:** _____

Please fill out contact information completely

Name: _____ Title: _____

Organization: _____

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____