



# SOCIETY FOR PUBLIC HEALTH EDUCATION

## MEMBERSHIP APPLICATION

Please download, complete and return to [membership@sophe.org](mailto:membership@sophe.org) or SOPHE, 10 G ST NE Ste 650, Washington, DC 20002

### PERSONAL INFORMATION

Name (First Name, Middle Initial, Last Name):

Degree(s): Certification(s): Certification #:

Company/Organization:

Title/Position:

Primary Address:  Home  Work Street:

City: State: ZIP Code:

Phone: Email:

Secondary Address:  Home  Work Street:

City: State: ZIP Code:

Phone: Email:

Gender:  M  F Date of Birth (Optional): / / Race/Ethnicity:  White/Caucasian  African American/Black  Latino  Asian/Pacific Islander  Native American  Other

### COMMUNITIES OF PRACTICE (PLEASE CHECK AS MANY AS DESIRED)

- Anthropology & Public Health
- Environmental Health
- Healthy Aging
- Social Marketing/Health Comm.
- University Faculty
- Children, Adolescent & School Health
- Global Health
- Medical Care/Patient Education
- Students/New Professionals
- Worksite Health Education
- Emergency Preparedness
- Health Disparities/Equities
- Nutrition
- Tobacco Control/Prevention

### MEMBER TYPES

Type	Description	1- year	3-year
Practicing Member (New)	Health education professional who has never been a member of SOPHE.	<input type="checkbox"/> \$145	
Practicing Member (Renewing/Returning)	Health education professional with more than 1 year of experience.	<input type="checkbox"/> \$195	<input type="checkbox"/> \$540
Emeritus Member	Retired professional.	<input type="checkbox"/> \$130	<input type="checkbox"/> \$355
Transitional Member	Health educational professional who has graduated within the last 24 months.	<input type="checkbox"/> \$130	
Student Member* - Expected Graduation Date: / /	Full-time student in good standing with at least 6 months or more until graduation.	<input type="checkbox"/> \$80	
DONATE - a tax deductible contribution (Optional)	<input type="checkbox"/> Campaign for the 21 <sup>st</sup> Century <input type="checkbox"/> Operating Fund <input type="checkbox"/> Advocay Efforts	<input type="checkbox"/> \$ _____	

\*Application for student membership must include verification document. Acceptable documentation includes unofficial transcripts, enrollment verification or letter from a faculty or school representative certifying status.

### JOURNAL DELIVERY OPTIONS

Health Education & Behavior	Electronic <input type="checkbox"/> Free	Print <input type="checkbox"/> Free	
Health Promotion Practice	Electronic <input type="checkbox"/> Free	Print <input type="checkbox"/> Free	
Pedagogy in Health Promotion	Electronic <input type="checkbox"/> Free	Print <input type="checkbox"/> \$20	Print <input type="checkbox"/> \$60

Call for partial payment options: (202)-408-9804 Total Enclosed: \$ \_\_\_\_\_

### PAYMENT INFORMATION (MUST ACCOMPANY APPLICATION. U.S. CURRENCY ONLY)

Visa  Master Card  Discover  American Express

Card Number: Exp. Date (MM/YY): / CSV#:

Name on Card:

Billing Address:

Signature Date:

Please remit checks to: Society for Public Health Education, 10 G St NE, Ste 605, Washington, D.C. 20002

Questions? Please call: (202)-408-9804 Fax: (202)-408-9815 or visit [www.sophe.org](http://www.sophe.org)

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