



Interest in establishing a SOPHE Chapter Form

Proposed Chapter Name: _____

Well-defined geographic area covered by this new chapter: _____

CONTACT PERSON #1

Last Name	First	M.I.	Credentials
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Title Position

Organization

Street Address

City	State	ZIP
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Phone	Fax
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Email

Are you a National SOPHE Member? Yes No Not sure

CONTACT PERSON #2

Last Name	First	M.I.	Credentials
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Title Position

Organization

Street Address

City	State	ZIP
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Phone	Fax
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Email

Are you a National SOPHE Member? Yes No Not sure

Return To:

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