



Newfoundland & Labrador  
**Public Health Association**

**APPLICATION FOR MEMBERSHIP**  
**FEE \$30.00**

STATUS: New Member \_\_\_\_\_ Renewal \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: Home \_\_\_\_\_ Business \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Indicate your primary area(s) of interest: \_\_\_\_\_

Are you interested in serving on or chairing a subcommittee? Yes \_\_\_ No \_\_\_

To ensure we comply with Canada's Anti-Spam Legislation (CASL), NLPHA must have your express consent before sending you any electronic messages (emails) from the association. Please indicate your choice on receiving electronic messages: Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Your signature: \_\_\_\_\_

**Please send your completed application to the below noted address & payment either by Interac E-transfer to [nlphatreasurer@outlook.com](mailto:nlphatreasurer@outlook.com) or with a cheque or money order:**

**Treasurer  
Newfoundland and Labrador Public Health Association (NLPHA)  
P.O. Box 8172, St. John's, NL, A1B 3M9**

An orientation package will be sent to you following acceptance of your application.

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*FOR OFFICE USE*

*Date Received: \_\_\_\_\_ Date Receipt Issued: \_\_\_\_\_*

*Date Orientation Package Sent Out: \_\_\_\_\_*