

Membership Application

Yes, I want to help fulfill MPHA's mission to promote health in the State of Missouri.

- Regular Membership ~ \$60
 Full Time Student/Retired ~ \$35

Name _____
Agency _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

Areas of Professional Interest: (check one)

- Citizen Health Involvement Public Health Nursing
 Health Promotion Health Care
 Infectious Disease Support Services
 Health Official Food and Nutrition
 Environmental Health Chronic Diseases
 Other _____

I'd like to serve on the following committee(s):

- Education Advocacy & Public Policy
 Membership Public Health Week
 Annual Meeting History
 Resolution & Bylaws

I'd like to make a donation to the MPHA

Educational Foundation \$ _____

Please mail with payment to MPHA, PO Box 126, Jefferson City, MO 65102

Payment Options

- Check Enclosed Credit Card

Card # _____

Exp. Date _____

About Us

The Missouri Public Health Association is a non-profit organization established in 1925 to improve the health of all Missourians.

A Board of Directors leads the activities of MPHA and includes Chapter Presidents covering the state of Missouri. Chapters include Northwest and Eastern.

Join Today

Your membership will add strength to the voice of MPHA. Your participation will stimulate improvement of organizations, financing, coordination and delivery of health services to individuals, families and the community and promote public health awareness

In September 2017, the MPHA Board of Directors voted to increase membership dues in all categories and designate half of the increase go toward the MPHA Foundation to ensure its continuity and to meet increasing expenses related to the annual conference, workshops and operations.

Missouri Public Health Association

722 E. Capitol Avenue, PO Box 126
Jefferson City, MO 65102

Phone: 573-634-7977

Fax: 573-635-7823

www.mopha.org

MPHA

Membership Brochure

To take the lead in the identification of public health needs and problems and to work collaboratively with others in initiating and supporting action for the improved health of all Missourians.



Promoting Public Health in the State of Missouri

MPHA is your opportunity...

...to be a member of the **ONLY** multi-disciplinary public health organization in Missouri.

...to influence state and national policy makers.

...to develop your leadership potential and further your professional growth.

...to expand your network of public health contacts.

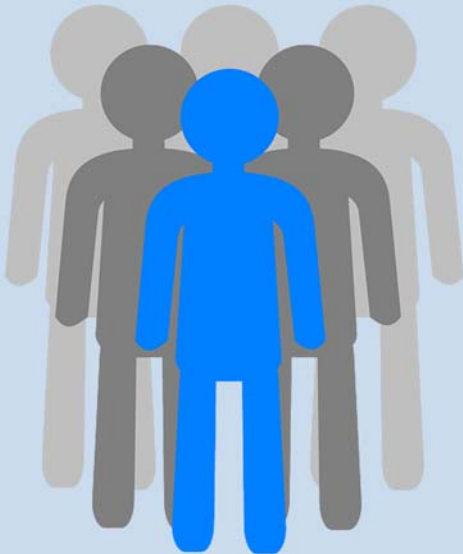
...to participate in educational forums.

MPHA is committed to...

...**Advancing** the public's health in Missouri;

...**Improving** educational opportunities for health-related occupations;

...**Exchanging** knowledge and experience.



Benefits of Membership

- ◆ Networking opportunities with a wide variety of public and private individuals through the state associations and local chapters.
- ◆ Increased awareness of “cutting edge” public health issues.
- ◆ Continuing education credits available to you throughout the year.
- ◆ Reduced fees for educational and annual meetings.
- ◆ Quarterly newsletters with articles about current public health issues and updates of member organizational activities.
- ◆ Scholarships to advance personal careers in public health policy.
- ◆ Recognition of members and colleagues.

Make a Difference

Help MPHA make a difference by volunteering for a committee and/or activity.

- ◆ **Education:** plans and conducts educational workshops on a wide variety of topics for continuing education credits.
- ◆ **Membership:** recruits new members and encourages participation.
- ◆ **Annual Meeting:** plans the Association's annual meeting with networking, professional speakers, education sessions, recognition and lots of fun!
- ◆ **Advocacy and Public Policy:** keeps a watchful eye on state and federal legislative activities that affect the public health of citizens and keeps the membership informed.
- ◆ **Resolutions and Bylaws:** reviews the organization's structure/rules and handles resolutions.
- ◆ **Public Health Week:** plans and conducts state and local activities for Public Health Week in April.

Organizational Membership Application

Our organization wants to help MPHA promote health in the State of Missouri

Organizational Membership ~ \$300

Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Organizational Members includes six individuals. Please print these names below:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Areas of Professional Interest: (check one)

Citizen Health Involvement Public Health Nursing

Health Promotion Health Care

Infectious Disease Support Services

Health Official Food and Nutrition

Environmental Health Chronic Diseases

Other _____

I'd like to make a donation to the MPHA Educational Foundation \$ _____

Please mail with payment to MPHA, PO Box 126, Jefferson City, MO 65102

Payment Options

Check Enclosed Credit Card

Card # _____

Exp. Date _____