



SMdPHA

Student Section of Maryland
Public Health Association

Membership Form 2016-2017

I. Personal Information

Name (Last, First): _____

Address: _____

Phone: _____ Email: _____

School: _____

Anticipated Graduation Year: _____ / _____ (Month/Year)

I am a... New Member Returning Member (Member since _____)

II. What committee(s) would you like to be involved in? (Please circle as many as you like)

HIV/AIDS Month Planning

Outreach Committee

Fundraising

Charity Event Planning

Shady Grove

-----Keep Bottom Portion upon Payment Submission-----

III. Annual Student Membership Dues: Maryland Public Health Association.....\$25.00

* Cash or check made out to MdPHA, Venmo: @Smdpha-finance, credit card payment processing available online at the link listed below.

***Please return completed form with annual dues to an Executive Board Member or mail to SMdPHA 20 N. Pine St. Baltimore, MD 21201.**

***You will receive an email with a temporary username/password. Follow the instructions to complete registration online at <http://members.mdpha.org/register/membership-student/>. As part of your membership, you will automatically be added to MdPHA's email list to receive updates on MdPHA activities, our quarterly newsletter, and other relevant materials. Once payment has been processed, you will receive a Welcome email indicating you are a full member of the Maryland Public Health Association- Student Section.**