



**Society for Public Health Education
Combined Great Lakes Chapter & National Membership Application
2007-2008**

MEMBERSHIP INFORMATION (Please print):

Name: _____ Degree(s)/Certification: _____
 Title: _____ Organization: _____
Work Address: _____ **Home Address:** _____
 City: _____ State/Province: _____ City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____ Zip/Postal Code: _____ Country: _____
 Work Phone: _____ Fax: _____ Home Phone: _____ Fax: _____
 Work E-mail: _____ Home E-mail: _____

Preferred Mailing Address: Work Address Home Address

Preferred E-mail Address: Work E-mail Home E-mail

Gender: Male Female

Are you a CHES? No Yes *If Yes, CHES #:* _____

Please check one of the following: *New* GLC-SOPHE Member *Renewing* GLC-SOPHE Member

Did a GLC-SOPHE member refer you? No Yes *If Yes, please list their name:* _____

On what committees would you be interested in participating? (Please check if interested in finding out more information)

- Advocacy Awards Job Bank CHES/CHEC Review Continuing Education Technology
 Membership Newsletter Nominations Policy & Planning Professional Competence & Preparation

On what additional health-related organizations do you serve? (i.e.: Tobacco-Free Michigan, Dairy Council, etc.) Please list below:

Please suggest/recommend another person to add to GLC-SOPHE's membership mailing list. List name and contact information:

NATIONAL MEMBERS ONLY:

Please select one Special Interest Group:

- Anthropology & Public Health Medical Care/Patient Education Community Health Education
 Children, Adolescent, & School Health Social Marketing & Health Communication Worksite Health Education
 International & Cross Cultural Health

Great Lakes Chapter SOPHE Membership Includes: Membership Directory, *Coast to Coast* Newsletter, discounted fee for GLC-SOPHE's annual conference, "free" CHES credits, access to the Job Bank, and much more!

National SOPHE Membership Includes: Bimonthly *Health Education & Behavior* Journal, quarterly *Health Promotion Practice* Journal, annual Membership Directory & Buyer's Guide, *News & Views* bimonthly newsletter, discounted fees for SOPHE's midyear and annual meetings, discounted fees for CHES credits, and much more!

GLC-SOPHE Annual Dues (Membership year is October 1, 2007 to September 30, 2008)

_____ Regular GLC Member	\$ 45.00
_____ Student* GLC Member - Expected date of Graduation: _____ *Current full or part-time student or one year post-degree	\$ 15.00
_____ Emeritus GLC Member	\$ 15.00

Dues received after July 1st will be applied to the following fiscal year.

National SOPHE Annual Dues (Membership begins when application is processed by National* and runs for one year from processing date.)

_____ Active National Member	\$ 165.00
_____ Three-year Active National Member (\$45 SAVINGS)	\$ 450.00
_____ New National Member (joining National SOPHE for the first time)	\$ 120.00
_____ Emeritus National Member	\$ 105.00
_____ Three-year Emeritus National Member (\$15 SAVINGS)	\$ 300.00
_____ Student National Member - Expected Date of Graduation: _____ <i>Note: Students must be enrolled full-time in a health education program. All applications must include a statement from a faculty member attesting to the full-time status (6 credit hours or more per semester) and expected date of graduation. Limited to no more than 3 years.</i>	\$ 75.00
_____ Transitional Member <i>Note: This membership category is only available to current student members of SOPHE that have graduated from an undergraduate or graduate program. This transitional category is available for a 12 month time period. After the 12 month transitional member status, the member pays the active member rate.</i>	\$ 100.00
_____ Canadian/International Members, please add:	\$ 25.00

****Please allow two weeks for GLC processing. Thank you!***

GLC-SOPHE Dues: \$ _____

National SOPHE Dues: \$ _____

TOTAL ENCLOSED: \$ _____

****Your cancelled check will be your receipt.***

Please make one check payable to: "Great Lakes Chapter SOPHE" with the total amount due. National SOPHE dues will be forwarded to the National office for you.

Mail this completed application along with your check to:

Kristin Roux
Calhoun County Dept. of Public Health
190 East Michigan Avenue, Ste. A100
Battle Creek, MI 49014
Email: kroux@calhouncountymi.gov

(269) 969-6363

THANK YOU!

Visit our website at www.glcsope.org.