

**LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CAUCUS OF
PUBLIC HEALTH WORKERS**

In Official Relations with the American Public Health Association Since 1975

ANNUAL MEMBERSHIP APPLICATION

Contact Information	Name (last, first): _____	
	Degree: _____	Title: _____
	Agency/Organization: _____	
	Mailing Address: _____	
	_____	Ste/Apt: _____
	City: _____	
	State: _____	Zip: _____
	Phone Number: _____	<input type="checkbox"/> Work <input type="checkbox"/> Personal
E-mail: _____		

Membership	APHA Member: <input type="checkbox"/> No <input type="checkbox"/> Yes – Membership #: _____
	APHA Section: _____
	APHA SPIG/Caucus: _____
	Membership Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal (New Contact Info? <input type="checkbox"/> Yes)
Membership Period and Dues: <input type="checkbox"/> November 2008 – October 2009 (\$40/\$0 Student)	

Payment	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check – Check #: _____
	Dues Subtotal: _____ \$
	Donations Subtotal: _____ \$
	Total Payment: _____ \$

CHECKS SHOULD BE MADE PAYABLE TO: LGBT CAUCUS

Confidentiality	Release for APHA Caucus Recertification Purposes: <input type="checkbox"/> I give permission to use my name in the APHA Caucus recertification process.
	<input type="checkbox"/> Please withhold my name in the APHA Caucus recertification process.
	Release for Organizational Purposes: <input type="checkbox"/> I give permission to release my name to other Caucus members for organizational purposes.
	<input type="checkbox"/> Please do not release my name to other Caucus members.

Mail Completed Application w/ payment to:
LGBT Caucus
c/o John Grima
735 Head Street
San Francisco, CA. 94132

Membership questions should be directed
to Patrick High, Dr.P.H., Chair, at
patrickhigh@westat.com