

## **Student Membership Application**

## MEMBER INFORMATION

**Student Information:** 

Student and SPH Affiliate membership is available to those not associated with an LHD and is subject to NACCHO's approval. NOTE: This membership category does not include voting rights or committee participation.

First Name	Last Name	Credentials	Pronouns	Mailing Address		
Major/Concentratio	n			City	State	Zip
				Ctuant Addunce (if different th	an mailing add	wass)
Expected Year of Graduation				Street Address (if different than mailing address)		
Email				School of Public Health Information:		
Mobile Phone				School		
				W 1 5		
Secondary Phone				Website		
DUES & PAYMENT INFORMATION						
				DAVAGAIT TVDE		
				PAYMENT TYPE:		
SPH St	tudent Student	\$40	\$50	Check (made payable to NACCHO)		
				Charge my: Visa	MasterCard	American Express
Introductory Rates Available until 12/31/2025			Card Number		Exp. (MM/YY)	
The state of the s						
NACCHO Federal Tax ID: 52-1426663  Please return the completed application to membership@naccho.org.  Membership is non-transferable, non-refundable and non-tax-deductible.				Name On Card		
				Additional payment options include:		
				Payment by phone: <b>(877) 533-1320</b>		
			Or email us at <b>membership@NACCHO.org</b> and our team will contact you.			
Contact Your Advisor to Get Discounted Membership Through Your School of Public Healt						

12/31/2025

Schools of Public Health Package - \$595 \$695

- Annual Membership Includes:
- 10 Student Memberships • 1 Faculty Membership

Additional SPH Student \$40 \$50

For every 10 additional students, SPH receives one free faculty membership.

# of SPH Undergrad Students

# of SPH Graduate Students



**Introductory Rates Available until**