



Local Health Department (LHD) NEW MEMBER APPLICATION

ORGANIZATION INFORMATION

LHD Name _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address (if different than mailing address) _____

Main Phone _____

Website _____

Billing Contact	
First _____	Last _____
Phone _____	
Email _____	

1. Size of Population Served _____

Tribal Health Department? Yes No

Includes Tribal Communities? Yes No

Population Served (check one)		
	0 - 49,000	\$ 185
	50,000 - 99,999	\$ 370
	100,000 - 199,999	\$ 575
	200,000 - 399,999	\$ 805
	400,000 - 749,999	\$ 1,310
	750,000 - 1,999,999	\$ 1,855
	200,000 - 2,999,999	\$ 2,230

TOP EXECUTIVE CONTACT INFORMATION

Please identify the agency head, who will have voting rights and receive key communications from FPHA

First Name _____ Last Name _____ Credentials if used _____

Title _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Website _____

Primary Phone _____ Office Home Cell

Secondary Phone _____ Office Home Cell

ADDITIONAL STAFF CONTACT INFORMATION

List members from management who should receive information directly from FPHA.

Representative 1

First Name _____ Last Name _____ Credentials if used _____

Email _____

Role/Title _____

Representative 2

First Name _____ Last Name _____ Credentials if used _____

Email _____

Role/Title _____

Representative 3

First Name _____ Last Name _____ Credentials if used _____

Email _____

Role/Title _____

Representative 4

First Name _____ Last Name _____ Credentials if used _____

Email _____

Role/Title _____

Representative 5

First Name _____ Last Name _____ Credentials if used _____

Email _____

Role/Title _____

Please email completed form to:

FPHA@srahec.org

Questions Call: 386 462-1551 or email
fpha@srahec.org