



# FPHA Local County Health Department Membership Form

## Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_

Job Title \_\_\_\_\_

As a local county health department employee, your membership will be paid through January 23, 2023. By completing this form, you will be added to the FPHA Membership Database as an Active FPHA Local Health Department Member. When your membership is created, you will receive an email to login and edit your profile.

Benefits to becoming a member include access to statewide networking, professional development, conference discounts, leadership opportunities, and so much more!

Email your completed form to [fpha@srahec.org](mailto:fpha@srahec.org)