



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 June 30, 2024. 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