



Society for Public Health Education (SOPHE) - Delta SOPHE Chapter Membership Application

New Member

Renewing Member

Please print or type.

Name _____

Degree/Certification _____

Position _____

Organization _____

Preferred Mailing Address

Home Telephone _____ Home Fax _____

Work Telephone _____ Work Fax _____

E-mail Address _____

Preferred Contact Work Home

Sex Female Male

Race/Ethnicity White/Caucasian African American Hispanic

Asian/Pacific Islander Native American Other _____

Are you CHES? No Yes # _____

Are you MCHES? No Yes # _____

Are you a member of National SOPHE? No Yes

Membership Dues: \$25.00 – Regular \$10.00 – Student \$6.00 – Retiree

Students applying for membership must include a letter from a faculty member or institutional representative certifying that you: (1) are a full-time student in good standing, and (2) have at least six months until graduation.