



MEMBERSHIP APPLICATION

April 1, 2017– March 31, 2018

44 Victoria St. Suite 502 | Toronto, ON | M5C 1Y2 | 416.367.3313 |
1.800.267.6817 | www.opha.on.ca

Thank you for your interest in becoming an OPHA member for 2017/18. Please complete all applicable sections of the following form.

APPLICANT INFORMATION

Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
Job Title:	Organization:	Degree:
Region:	Sector:	
Address:		
City:	Province:	Postal Code:
Email:		
Executive Assistant Name (if applicable):		
Executive Assistant Email (if applicable):		

MEMBERSHIP CATEGORY

Please select the category of membership for which you are applying:

OPHA Member - Regular \$155

OPHA Member - Retired /\$95 Unemployed/\$95

OPHA Member - Student \$85 (**You must be currently enrolled in a recognized academic program/school to qualify for this rate*)

School:

Program:

OPHA Member - CS Member \$115 (***You must be a member of one of the Constituents listed below to qualify for this rate*)

AOHC APHEO ASPHIO CIPHIO RNAO-CHNIG HPO OAPHD OAPHNL OSNPPH

Organizational Member Class \$2000 (*Includes 5 individual memberships; please list your 5 members below.*)

Constituent Society Member Class \$2000 (*Includes 5 individual memberships; please list your 5 members below and identify your two voting members.*)

1	Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
	Email:		
2	Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
	Email:		
3	Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
	Email:		
4	Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
	Email:		
5	Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/>	First Name:	Last Name:
	Email:		

INFORMATION UPDATES

Your paid membership entitles you to receive occasional information updates on public health-related issues. Please indicate how you would like to stay in touch with the OPHA below.

Note: We value your privacy, and you can subscribe or unsubscribe from any of these services at any time

I wish to receive the **eBulletin** monthly newsletter, which provides updates on what is new in and around OPHA

I wish to receive information on all **OPHA knowledge exchange and transfer events** including conferences and forums.

MENTORSHIP PROGRAM

The OPHA has implemented a mentorship program for its members in 2016-17. In this program, volunteer OPHA member mentors are paired with new professionals in a mentor/mentee relationship. If you respond "Yes" to either question below, you will be contacted by an OPHA representative.

Are you a new professional with 5 or fewer years of experience who would like to be considered as an OPHA mentee?

Yes No

Are you are a professional with 15 or more years of experience, would you like to act as a volunteer OPHA mentor?

Yes No

OPHA BOARD GOVERNANCE COMMITTEES

OPHA members may join one of our Governance Committees. If you respond "Yes", you will be contacted by an OPHA representative.

Yes, I would like to join the Advocacy Committee

Yes, I would like to join the Audit Committee

Yes, I would like to join the Membership Committee

TO SERVE YOU BETTER

Which of the following issues are of interest to you? (Check all that apply)

<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Reproductive Health
<input type="checkbox"/> Built Environment	<input type="checkbox"/> Health, Wellness and Chronic Disease Prevention
<input type="checkbox"/> Food Security	<input type="checkbox"/> New Professionals
<input type="checkbox"/> Health Equity	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Chronic Disease Prevention	
<input type="checkbox"/> Alcohol Prevention	

ADVANCING THE PUBLIC HEATH AGENDA

As a charitable, non-profit organization, OPHA relies on the generous support of health enthusiasts like you. Your donation today helps us do more tomorrow. If you'd like to make a donation, please enter that amount here. Thank you for your support.

\$10 \$20 \$30 \$40 \$50 Other _____

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Membership Renewal	<input type="checkbox"/> Recruitment Letter
<input type="checkbox"/> Conference	<input type="checkbox"/> Referral by Colleague
<input type="checkbox"/> Constituent Society	<input type="checkbox"/> Other (Please specify):

PAYMENT BY CHECK- PLEASE MAKE THE CHECK PAYABLE TO: OPHA

PAYMENT BY CREDIT CARD

Card Type: Card Number:

Expiry Date: Security Code:

Name on card:

Signature (to Authorize):

Cardholder/Alternate Contact Name (if applicable):

Cardholder/Alternate Contact Email (if applicable):