
Calling together the community of public health advocates who promote the health and well-being of all New Mexico

THE NEW MEXICO PUBLIC HEALTH ASSOCIATION

(NMPHA), founded in 1917, is a private, non-profit membership association of individuals and organizations committed to a vision of New Mexico as a place where the resources, socioeconomic conditions, and environment exist in which all people can be healthy.

NMPHA is an affiliate of the American Public Health Association (APHA), which represents more than 55,000 members nationally and worldwide.

OUR MISSION is to promote public health practice, policies and systems that support health equity in New Mexico.

We accomplish our mission by providing a forum for sharing research and practices, and providing a base for networking and action to promote and implement policies that improve health and quality of life. We seek to carry out our mission with integrity, honesty, transparency, cultural humility and passion.

WHY BECOME A MEMBER?

■ OPPORTUNITIES

Opportunities to influence public health policy on a local, state and national level

Opportunities to learn advocacy skills

Opportunities to contribute to quarterly newsletter and website

Opportunities to recognize public health workers and advocates for their accomplishments and leadership

Opportunities for leadership within NMPHA through the Board, committees, conferences, and special interest workshops and meetings

■ RESOURCES

Professional advancement through discounted registration fees at annual NMPHA conference

Electronic quarterly newsletter

Access to late-breaking public health information through the NMPHA website and listserv

Involvement in legislative activity

Job announcements and postings

Representation, through NMPHA, in other public health and human needs organizations

■ A CHANCE ... TO MAKE A DIFFERENCE

Membership in the New Mexico Public Health Association gives you a chance to join public health advocates in developing strategies and policy action that address NMPHA's three priority policy areas:

Social determinants of health

Environmental health and justice

Universal access to health care



NMPHA ■ PO Box 26433 Albuquerque NM 87125
nmpha.info@gmail.com
www.nmpha.org

NMPHA MEMBERSHIP APPLICATION

NEW RENEWAL

PERSONAL/ORGANIZATIONAL INFORMATION

name		organization	
job title	occupation	degree(s)	
preferred address: PO box or street	city	state	zip
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work phone	cell phone	home phone	email

MEMBERSHIP TYPE

<input type="checkbox"/> Regular Membership.....	\$55
<input type="checkbox"/> Low Income (earn \$25,000 or less per year - no proof of income needed.....)	\$15
<input type="checkbox"/> Full-Time Student.....	\$15
<input type="checkbox"/> Friend of NMPHA..... \$100 or more Additional Donation	\$___
<input type="checkbox"/> Organizational Membership.....	\$150
<i>Allows 3 members of the organization to attend the Annual Conference at the member rate.</i>	

MEMBER PROFILE/PREFERENCES

Please indicate which of our three main focus areas most interests you. If you are interested in more than one area, mark the areas in order of preference, with **1** being the area of greatest interest.

- | | | |
|--|---|--|
| <input type="checkbox"/> Social determinants of health | <input type="checkbox"/> Environmental health and justice | <input type="checkbox"/> Universal access to health care |
|--|---|--|

Please indicate in which committee you are willing to participate:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Resource Development | |

Are you a member of the American Public Health Association?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Would like information about the APHA |
|------------------------------|-----------------------------|--|

Do you want to be added to the NMPHA electronic mailing list?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Already on the mailing list |
|------------------------------|-----------------------------|--|

DONATIONS TO NMPHA

Pressman Fund \$ _____ Rosenblatt Fund \$ _____ Donation to NMPHA \$ _____

COMPLETE THE ENTIRE FORM AND SEND WITH DUES/DONATIONS TO: NMPHA ■ PO BOX 26433 ■ ALBUQUERQUE NM 87125