

Paso del Norte Chapter of the Society for Public Health Education (SOPHE), Inc.

I. Membership information (Please Print)

Name _____ Degree(s)/Certification _____

Title _____ Organizaion _____

Work Address: _____

City _____ State _____ Zip/Postal Code _____

Work Phone _____ Work Fax _____ Work e-mail _____

Home Address: _____

City _____ Sate _____ Zip/Postal Code _____

Home Phone _____ Home Fax _____ Home e-mail _____

Preferred Mailing Address: ___ Work ___ Home Gender: ___ Female ___ Male

Race/Ethnicity: ___ African American ___ Asian/Pacific Islander
___ Latino ___ Native American
___ White/Caucasian May check more than one

Are you a CHES? ___ No ___ Yes (CHES # is _____) University faculty? ___ Y ___ N

Are you a member of the national level SOPHE? ___ No ___ Yes

Are you a member of another regional SOPHE Chapter? ___ No ___ Yes

Are you a member of APHA? ___ No ___ Yes

Are you a member of a state affiliate of APHA? ___ No ___ Yes

II. Please indicate special interests by checking all that apply below:

___ Public Health ___ Community health education
___ Medical/Patient Ed ___ Social marketing and health
___ MCH (maternal & child health) communications
___ Worksite health education ___ Other (Please describe below)

Membership dues: Regular Membership \$30/year
Students, Community, and International Membership \$15/year Students must include a letter on official university stationary from a faculty member and/or department head/chair documenting their part or full-time status.

Please send made out to: Paso del Norte Chapter of SOPHE and addressed to:
College of Health and Social Services Dean's Office, MSC 3446, New Mexico State
University, Las Cruces, NM 88003 March 22, 2001