

**NJSOPHE Membership Application**  
**Membership Year January 1, 2012 – December 31, 2012**

<b>Membership Information</b> (please print/type): Publish contact information in directory: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, publish only name and personal email address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Credentials (BA, MS, CHES etc.)</b>
<b>Home Address</b>			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>		<b>Home Fax</b>	
<b>Personal Email Address:</b>			
<b>Employer Information</b> (please print/type): Publish work contact information in directory: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, publish only name of company and work email address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Company</b>			
<b>Address</b>			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>Work Phone</b>		<b>Work Fax</b>	
<b>Work Email Address</b>			
<b>Preferred email address for listserv (please mark only one):</b> <input type="checkbox"/> <b>Personal</b> <input type="checkbox"/> <b>Work</b> <input type="checkbox"/> <b>Do not add to listserv</b>			
<b>Demographics</b>			
<b>Work Setting (please check one):</b>			
<input type="checkbox"/> College/University <input type="checkbox"/> Community/Non-Profit Agency <input type="checkbox"/> Consultant <input type="checkbox"/> Corporation <input type="checkbox"/> Schools (K-12) <input type="checkbox"/> Faith Community <input type="checkbox"/> Health Dept. (Local/County) <input type="checkbox"/> Health Dept. (State) <input type="checkbox"/> Managed Care <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____			
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male			
<b>Race/Ethnicity:</b> (Check all that apply. For use in tracking NJ SOPHE strategic goals regarding membership diversity – format mirrors US Census 2000):			
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____			
Are you a CHES/MCHES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> CHES <input type="checkbox"/> MCHES			
Are you a National SOPHE member?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Visit <a href="http://www.sophe.org">www.sophe.org</a> for membership information)			
Would you be interested in learning more about serving as an organizational liaison, committee member or chapter officer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify interest here:			

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**Membership**

**Type of Membership:**

Renewal     New (A new member is defined as someone who was not a member in 2011)

**(If new, referred by (name):** \_\_\_\_\_)

**Annual Dues:**

Member (select one or two year membership term below)

One year (\$55.00)

Two years (\$100.00)

Student\* (\$20.00)

Senior\*\* (\$20.00)

Honorary Member (no fee)

Transitional/New Professional\*\*\* (\$35.00)

**Optional Tax Deductible Contribution to NJ SOPHE (specify donation below):**

*Special Donor*<sup>^</sup>                      \$ \_\_\_\_\_

*Scholarship Donation*                      \$ \_\_\_\_\_

**Total Remitted (Dues and Donations):** \$ \_\_\_\_\_

\* Complete and submit a Student Certification Form attached.

\*\* A person who has been a member for at least ten years and has retired from the field and/or is 65 years or older.

\*\*\*A person who has completed an undergraduate or graduate program in Health Education or a related field within the past 12 months. This category will be available only one time for any individual. Proof of graduation required (i.e., copy of diploma). Available for one membership year ending on December 31.

<sup>^</sup>General operating expenses- Printing, postage, delegate travel, web page support and etc.

Dues are pro-rated after July1, 2012 at 50%.

Make checks made payable to ***NJ SOPHE***

**Mail to:** NJSOPHE, c/o Glorian Persaud, P.O. Box 1987, New Brunswick, NJ 08901

OFFICIAL USE ONLY:

Application Rec'd on:

PO #:

Date Rec'd:

Application Rec'd by:

Check #:

Date Rec'd:

Recorded Date:

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**\*\*\*Student Certification\*\*\***

To be eligible for NJ SOPHE student membership dues and program rates, a person must:

1. Be enrolled in a program of study in health education or related field as a full-time undergraduate student in good standing, or
2. Be enrolled in a **minimum of six (6) credit hours per semester** as a graduate student in good standing in health education, public health or related field.
3. Receive certification from faculty advisor or department chair (please fill in below):

I certify that \_\_\_\_\_ (student name)  
meets the above criteria as set forth by the New Jersey Chapter of the Society for Public  
Health Education, Inc. Anticipated graduation date \_\_\_\_\_.

\_\_\_\_\_  
Faculty Name (please print)

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date