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| PHA Logo | New York State Public Health AssociationPO BOX 8127Albany, NY 12203Ph 518 427-5838 info@nyspha.org [www.NYSPHA.org](http://www.NYSPHA.org)  |   |
| **Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are you an APHA member? \_\_\_\_\_\_\_\_ If yes, what is your APHA #? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | description |  | amount |
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| **Balance Due**  |  |

#### Please return your Membership Renewal Dues to: NYSPHA

**Attn: Membership**

#### PO BOX 38127

#### Albany, NY 12203

Please return one copy of invoice with your payment. Thank you!

Questions? Contact us at 518-427-5835 or info@nyspha.org

Make all checks payable to: *New York State Public Health Association*

THANK YOU!