



# Membership Information & Benefits

## Mission

The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

## Vision

NYSPHA serves as a leading voice and resource for public health in NYS. Our active and engaged membership represents the diversity of individuals and organizations working in public health. Empowered NYSPHA members work across the state, at all levels, to promote and implement prevention-oriented policies and practices that support healthy behaviors, advance health equity, and foster healthy communities.

## Who We Are

NYSPHA is among the nation's oldest, independent, nonprofit public health organizations in New York State. As a state affiliate of the American Public Health Association, NYSPHA serves and represents members from across the public health spectrum including professionals from state and county health departments; healthcare; policy and advocacy organizations; community based health and human service programs as well as academia (including students) and researchers. We are dedicated to improving the health of New York State.

## What We Do

We are the only broad-based statewide organization exclusively devoted to promoting and protecting the public's health in New York. NYSPHA advocates for policies that support equality in health status for all. As an affiliate of the American Public Health Association (APHA), we work to influence policies at the regional, state and national levels.



## BENEFITS OF MEMBERSHIP

### Discounts:

- Discounted rates for students, on NYSPHA's Annual Meeting & Conference and other NYSPHA-sponsored events
- Free access to CEUs at NYSPHA events
- Access to scholarships for trainings/conference, when available
- Discounted rates for multiple (four) employees attending NYSPHA conferences and events
- Discounted rates for exhibits at select NYSPHA conferences and events
- Free job postings for organizational members on our website with email notification for members

### Communication:

- Advocacy alerts and job notifications from NYSPHA
- E-mail communication with other members, the board, as well as messaging forums
- Opportunity to propose advocacy alerts for NYSPHA members

### Advocacy:

- Legislative updates on local, state and national level
- Opportunity to participate in advocacy committee work and development of annual advocacy agenda
- Representation by an advocacy chairperson
- Opportunities to participate in NYSPHA policy efforts
- Opportunities to establish a collective voice for public health issues
- Opportunities to participate in policy efforts in New York State

### Networking:

- Access to diverse professionals via NYSPHA membership directory and events
- Opportunities to participate in committees such as membership, advocacy, event planning.
- Events at Annual Meeting & Conference and other NYSPHA-sponsored meetings

### Professional Development:

- Leadership development opportunities such as committee participation and the opportunity to serve on Board of Directors and Executive Committee
- Award opportunities: Member of the Year; Honorary Life Membership
- Internship opportunities
- Opportunity to interact with professionals who can provide guidance and insight that will enhance "job readiness"
- Student chapter



# Membership Application

Join/Renew Today!

[www.NYSPHA.org](http://www.NYSPHA.org)

or complete the membership form below

Member Name:					
Title:					
Organization Name:					
Home Address:					
City/Town/Village		State:		Zip:	
Phone:					
Email:					
Referred by:					

Membership Description		
Please check one:		
<input type="checkbox"/> College/University Institutional Membership	\$500.00	
<input type="checkbox"/> Group Membership - four members at \$62.50 each	\$250.00	
<input type="checkbox"/> Organizational Membership	\$250.00	
<input type="checkbox"/> Regular Membership	\$75.00	
<input type="checkbox"/> Early Career Professional/Transitional Membership	\$40.00	
<input type="checkbox"/> Student Membership	\$25.00	
	Total	

**Please return your Membership Application and Payment to:**

**NYSPHA**

**Attn: Membership**

**PO BOX 38127**

**Albany, NY 12203**

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

