



## Individual Membership Application Form

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### Program Information:

Institution:

Program Name:

Address:

Program Website:

### Applicant Information:

Name:

Title:

Email:

Phone Number:

Social Media Account Information (LinkedIn, Instagram, Twitter, etc):

### Member Information:

Membership type:

Student Membership:

Please indicate program of study & undergraduate/graduate/doctoral

Faculty Membership

Please indicate degree & faculty role:

**All Individual Membership fees will be waived for 2023.**

### Please indicate membership topics of interest:

(Select all that apply)

Research Collaboration

Grant Opportunities

Accreditation Technical Assistance

Networking

Career Opportunities

Virtual Webinars

Scholarship Opportunities

Other \_\_\_\_\_



**Please indicate your main research topics:**

(Select all that apply)

Health Equity

Chronic Disease

Global Health

Injury/Violence Prevention

Health Policy

Mental Health

Communicable Disease

School Health

Public Health Accreditation

Environmental Health

Substance Use

Other \_\_\_\_\_

**AAPHP Individual Membership Information:**

AAPHP Individual Memberships are available for students and faculty that are **not** currently affiliated with an AAPHP Program Member School. The list of AAPHP Program Member Schools is available [here](#).

Email complete application to the AAPHP Executive Board. [exboardaaphp@gmail.com](mailto:exboardaaphp@gmail.com)