

# 1. Individual Member Information (Please print or type):

For Organizational Memberships, please proceed to Section 2

Name:							
Job title:		Degree(s) / Certifications obtained (abbreviate):					
Current plac	e of employment or study:						
May we inclu	ude your contact info in the	e GLC SOPHE M	embership Direc	tory prov	vided to all chapter membe	ers?	
	□ Yes	□ No					
Mailing addr	ess:						
City:		State:		Zip /	Postal code:		
Phone:		En	ail address:				
Gender:	🗆 Male 🛛 Female	□ Other □ Pr	efer not to say				
Please select	t all of the racial categories	s you identify wi	th:				
	□ American Indian or A	laskan Native	🗆 Asian		🗆 Black / African Ameri	can	
	□ Middle Eastern or No	iddle Eastern or North African		Native Hawaiian or Pacific Islander			
	🗆 White / Caucasian	□ Other					
Please indica	ate whether you consider y	ourself to be:	🗆 Hispanic / L	atino	🗆 Not Hispanic / Latino		
Select if you	hold any of the following	certifications:	🗆 CPH (Ce	rtified in	Public Health)		
□ Cł	HES #:			#:			
					enewing GLC SOPHE memb		
Did a GLC S	OPHE member refer you?	□ Yes (please	e list name)			No	
					ving GLC SOPHE committe		
	-		EC Review		onference Planning		
Are you a na	ational SOPHE member?	□ Yes	□ No				

# 2. Organizational Membership Information (Please print or type):

For Individual Memberships, please skip this section and proceed to Section 3

Organization r			will be listed	in the Memb	ership Direct	tory (not indiv	iduals' name	s)
Organization p		-			-	<i>,</i> .		-
								e:
Please fill ou								
Person #1								
Name:				Degree(s)	/ Certificatior	ns obtained: _		
								Prefer not to say
Please select al								
	Black	<pre>&lt; / African /</pre>	American□ M	iddle Easteri	n or North Af	frican		
	🗆 Nativ	/e Hawaiiar	n or Pacific Isl	ander	🗆 White / 🤇	Caucasian		□ Other
Please indicate	whether	you consid	ler yourself to	be:□ Hispa	anic / Latino		🗆 Not Hisp	anic / Latino
Home mailing a	address:							
City:				State:		Zip /	Postal code:	
Phone:				Em	ail address:			
Certifications he	eld:	□ CPH	CHES #:				HES #:	
Please indicate	if you ar	e intereste	d in joining o	r learning mo	ore about the	e following GL	C SOPHE cor	nmittees:
	□ Advo	осасу		CHES / CHE	C Review		onference Pla	anning
Person #2								
Name:				Degree(s)	/ Certificatior	ns obtained: _		
Job title:				Gender	r: □ Male	□ Female	□ Other	Prefer not to say
Please select al	l of the r	acial categ	ories you ider	ntify with:	□ Americar	n Indian or Ala	askan Native	🗆 Asian
	□ Black	< / African	American□ M	iddle Easter	n or North Af	frican		
	🗆 Nativ	/e Hawaiiar	n or Pacific Is	ander	🗆 White / 🤇	Caucasian		□ Other
Please indicate	whether	you consid	ler yourself to	be:□ Hispa	anic / Latino		🗆 Not Hisp	anic / Latino
Home mailing a	address:							
City:					Zip / Posta		Postal code:	
Phone:				Em	ail address:			_
Certifications he	eld:	□ CPH	CHES #:				HES #:	
Please indicate	if you ar	e intereste	d in joining o	r learning mo	ore about the	e following GL	C SOPHE cor	nmittees:
	□ Advo	ocacy		CHES / CHE	C Review		onference Pla	anning

# Person #3

Name:		Degree(s)	/ Certification	ns obtained: _		
Job title:		Gende	er: 🗆 Male	□ Female	□ Other	□ Prefer not to say
Please select al	l of the racial categ	ories you identify with:	Americar	n Indian or Ala	askan Native	🗆 Asian
	🗆 Black / African	American Middle Easte	rn or North Af	frican		
	🗆 Native Hawaiia	n or Pacific Islander	🗆 White / 🤇	Caucasian		□ Other
Please indicate	whether you consi	der yourself to be:□ Hisp	oanic / Latino		🗆 Not Hisp	anic / Latino
Home mailing a	ddress:					
		State:				
Phone:		Er	mail address:			
Certifications he	eld: 🗆 CPH	□ CHES #:			HES #:	
Please indicate	if you are intereste	ed in joining or learning m	nore about the	e following GL	C SOPHE cor	nmittees:
	□ Advocacy	□ CHES / CHE	EC Review		onference Pla	anning
Person #4						
Name:		Degree(s)	/ Certification	ns obtained: _		
Job title:		Gende	er: 🗆 Male	□ Female	□ Other	□ Prefer not to say
Please select al	of the racial cated	ories you identify with:	Americar	n Indian or Ala	askan Native	🗆 Asian
	🗆 Black / African	American Middle Easte	rn or North Af	frican		
	🗆 Native Hawaiia	n or Pacific Islander	🗆 White / 🤇	Caucasian		□ Other
Please indicate	whether you consi	der yourself to be: $\Box$ Hisp	oanic / Latino		🗆 Not Hisp	anic / Latino
Home mailing a	ddress:					
City:		State:		Zip /	Postal code:	
Phone:		Er	mail address:			
Certifications he	eld: 🗆 CPH	□ CHES #:			HES #:	
Please indicate	if you are intereste	ed in joining or learning m	nore about the	e following GL	C SOPHE cor	nmittees:
	□ Advocacy	□ CHES / CHE	EC Review		onference Pla	nning
Person #5						
Name:		Degree(s)	/ Certification	ns obtained: _		
Job title:		Gende	er: 🗆 Male	□ Female	□ Other	Prefer not to say
Please select al	l of the racial categ	ories you identify with:	Americar	n Indian or Ala	askan Native	🗆 Asian
	🗆 Black / African	American□ Middle Easte	rn or North Af	frican		
	Native Hawaiia	n or Pacific Islander	🗆 White / 🤇	Caucasian		□ Other
Please indicate	whether you consi	der yourself to be: $\Box$ Hisp	oanic / Latino		🗆 Not Hisp	anic / Latino
Home mailing a	ddress:					
City:		State:		Zip /	Postal code:	
Phone:		Er	mail address:			
Certifications he	eld: 🗆 CPH	□ CHES #:			HES #:	
Please indicate	if you are intereste	ed in joining or learning m	nore about the	e following GL	C SOPHE cor	nmittees:
	□ Advocacy	□ CHES / CHE	EC Review		onference Pla	anning

3. Please select the memb	ership you ai	re registering for:		
GLC SOPHE Individual Me Regular GLC Member  1 yr. The regular membership includes a The membership is January 1, 2023 Student GLC Member* *Current full- or part-time students Student membership is January Emeritus GLC Member	2 yr. \$50.0 a second year this 1-December 31, 2 5 or one year post 1, 2021 - Dece	s year only. 2022. 1 yr. FREE t-degree	Multi-year Membership <b>Regular GLC Members Only</b> <b>5 yr.</b> (20% discount) <b>Lifetime</b> (25% discount on 10 yrs. of dues)	\$180.00 \$337.00
Emeritus membership is Januar		• •		
GLC SOPHE Organizational Annual Dues (Membership year is January 1, Five Professional Member Valued at \$225.00	2021 to Decem	-		
CHES credits at GLC sponsored con Valued at \$150.00	iferences	Included		
Annual conference registration Valued at \$375.00		Included		
Vendor table at annual conference Valued at \$75.00		Included		
**Total savings of \$325.00				
	Individual Mer	nbership dues: <b>OR</b>	\$	
	Organizational	Membership dues:	\$	

### TOTAL ENCLOSED\$\_\_\_\_\_

Please allow two weeks for GLC processing. Your cancelled check or PayPal confirmation will be your receipt.

#### Dues received after October 1 will be applied to the following calendar year.

Individual Membership includes: Membership Directory, *Coast to Coast* newsletter, discounted fee for GLC SOPHE's annual conference, "free" CHES credits, and much more!

Organizational Membership includes: up to five email addresses on the GLC email listserv (receive job postings, newsletters, etc.), organization listed in membership directory, "free" CHES credits for five attendees at conferences that GLC SOPHE sponsors, and five registrations for the GLC SOPHE annual conference and a vendor table (with listing in conference materials).

#### You can pay your membership dues using PayPal at www.glcsophe.org/dues-payments OR Make one check payable to "Great Lakes Chapter of SOPHE" with the total amount due. Mail or email this completed application to Lauren Bizyk at <u>lbizyk@gmail.com</u>. Please email Lauren for the mailing address.