

**Section 1: Board Information**

Board Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Website \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Section 2: Membership Categories**

Member Type	Description	Jurisdiction Population	Annual Dues	Please Select
Local Board – Population 1	A local board of health, health advisory board, or other local governing body designated by law for overseeing local public health policy, services or programs.	Less than 50,000	\$140	<input type="checkbox"/>
Local Board – Population 2		50,000 – 199,999	\$185	<input type="checkbox"/>
Local Board – Population 3		200,000 – 999,999	\$215	<input type="checkbox"/>
Local Board – Population 4		1 million and over	\$245	<input type="checkbox"/>
Tribal Board	A tribal board or council responsible for guiding public health services.	NA	\$140	<input type="checkbox"/>
State Board	A state board of health or health advisory council responsible for guiding public health services.	NA	\$245	<input type="checkbox"/>

**Section 3: Contact Information**

Board Chair/  
President \_\_\_\_\_  
 Chair Term \_\_\_\_\_  
 Ends \_\_\_\_\_ Email \_\_\_\_\_  
 Health Officer/  
Administrator \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_

**Section 4: Board Roster**

Yes  No We have attached our board roster for direct delivery of information and monthly email updates.

**Payment Information**

Total Enclosed: \$ _____	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card ( Visa / MasterCard / Discover / American Express )	
Card # _____	Expiration Date _____ Security Code _____
Name as it appears on card _____	
Authorized signature _____	
NALBOH Federal Tax ID #: 34-1723582	Return this form and payment to: NALBOH • 563 Carter Ct, Ste B • Kimberly, WI 54136 920-560-5644 • Fax: 920-882-3655 nalboh@badgerbay.co • www.nalboh.org