

Please print clearly

Name (First Name, Middle Initial, Last Name) Credentials

Title

Representative County

I am **NEW** to CCLHDN this year: Yes No

The following is my current contact information:

Address (street number, street name, apartment/suite)

City, State, Zip Code

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Work phone

Home phone

Fax

Email address

Does your agency have other Public Health RD's that will be involved in CCLHDN? Y___ N___
If yes, please complete a separate application for each Public Health RD so CCLHDN has accurate/current contact information. Please note that membership is complimentary for additional county contacts.

**Please complete application with check
 made payable to CCLHDN**

Tax ID# 68-0427712

Send to:

Anaa Reese, CCLHDN Treasurer
 Alameda County
 Public Health Department
 1000 Broadway, Suite 500
 Oakland, CA 94607

NOTE: If County requires a completed W-9,
 please contact Treasurer at:
 (510) 208-5909
 Fax: (510) 208-5932
Email: anaa.reese@acgov.org

MEMBERSHIP DUES

Voting RD Member	\$ 90 _____
Retired RD	\$ 50 _____
Other Professions	\$ 125 _____

DONATIONS

Voluntary contributions to offset some of our expenses are gratefully accepted. Thank you!

Donation Amount Enclosed: \$ _____

Total Amount Enclosed: \$ _____

For office use only:	
Treasurer: Check number: _____	Total enclosed: _____ Date rec'd: _____
Membership Secretary: Added to directory: _____ Welcome packet sent (Roster&Letter) _____	