



Indiana's SACCHO

State Association of County and City Health Officials

Regular Membership Form Health Officers, Staff, Board Members

Annual Dues: \$200.00

Health Officer Name: _____

Health Department: _____

Health Department Phone: _____

Health Officer's email: _____

Health Officer's private practice address: _____

Health Officer's private practice phone: _____

Other phone for health officer: _____

Main contact at health department other than health officer:

Main contact email: _____

Pay online with credit card via PayPal by clicking the "Add to Cart" button on the Membership page. Please email the completed membership form to ptodd614@comcast.net or fax to 812-822-3044. A membership card will be mailed to the address provided.

You may also print this form and mail with a check made payable to IAPHP&LHDO, Inc. Mail to the address listed below. (For direct deposit information, email ptodd614@comcast.net)

Please list below names, positions, and emails for each health department staff member and local board of health member who wishes to be a member and receive a membership card.

Name	Position	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legally organized as: Indiana Association of Public Health Physicians and Local Health Departments Organization, Inc. • 8063 Madison Avenue, PMB 289, Indianapolis, IN 46227 • Phone: 812-360-2050 • Fax: 812-822-3044 • Email: ptodd614@comcast.net