



# Indiana's SACCHO

State Association of County and City Health Officials

## Regular Membership Form Health Officers, Staff, Board Members

Annual Dues: \$2,500.00

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](mailto: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](mailto: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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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