



Indiana's SACCHO

State Association of County and City Health Officials

Affiliate Membership Form

Public Health Student

Annual Dues \$25.00

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Please indicate if paying by credit card: yes no or if paying by check: yes no

To pay online with credit card, click 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.

If paying by check, make payable to IAPHP&LHDO, Inc. and mail to address below along with membership form. A membership card will be mailed to the address provided.

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