

MID-AMERICA REGIONAL PUBLIC HEALTH LEADERSHIP SOCIETY APPLICATION

Name: Last, First		Degrees or certificates	
Current Work title		Current Job Affiliation/Agency	
Address			
<input type="checkbox"/> check here if this is your home address <input type="checkbox"/> check here if you authorize sharing home address with fellow alumni			
City		State	Zip
Phone:		Fax:	
<input type="checkbox"/> check here if your phone can be included in bi-annual alumni directory		<input type="checkbox"/> check here if your fax can be included in bi-annual alumni directory	
Email:		Year of Fellowship	
		_____ (Institute Year number ___)	
Were you a mentor: <input type="checkbox"/> No <input type="checkbox"/> Yes, When? _____ Below you may write an update to your bio-sketch. Use about four sentences to remind your fellows about who you are, what you do and what your interests are. You may want to mention any job changes, promotions, accomplishments, projects, publications, presentations, awards or recognition from the past few years.			

Membership Level (Check one)

- Illinois Member: \$50
 - Subscription to **Leadership in Public Health** and **Public Health Practice in Illinois** included
 - Discount on alumni courses sponsored by MARPHLI and MAPHTC
 - Discount on special monographs (25%)

- Out-of-State Member: \$40
 - Subscription to **Leadership in Public Health** included
 - Discount on alumni courses sponsored by MARPHLI and MAPHTC
 - Discount on special monographs (25%)

IMPORTANT: Payment must be by check made out to the University of Illinois at Chicago.

Please return this page with your check for membership to:

Mid America Regional Public Health
Leadership Society.(MARPHLS)
UIC-School of Public Health (M/C 923)
1603 W. Taylor Street
Chicago, IL 60612