

ORGANIZATION INFORMATION

Organizations not associated with an LHD may apply for this category.
Affiliate Membership is subject to NACCHO's approval.

ORGANIZATION INFORMATION:

Organization

Mailing Address

Street Address (if different than mailing address)

City State Zip

Main Phone

Website

Please identify the contact to receive key NACCHO communications. Note: This membership category does not include voting rights or committee participation.

PRIMARY CONTACT INFORMATION:

First Name MI Last Name Credentials

Title

Email

Mailing Address

City State Zip

Main Phone

DUES & PAYMENT INFORMATION

AFFILIATE BUSINESS PARTNER LEVEL (Check One):

- Bronze Level** **\$5,000**
- Silver Level** **\$7,000**
- Gold Level** **\$10,000**
- Platinum Level** **\$15,000**
- Diamond Level** **\$25,000**

PAYMENT TYPE:

Check (made payable to NACCHO)

Charge my: Visa MasterCard American Express

Card Number Exp. (MM/YY)

Name On Card

NACCHO Federal Tax ID: 52-1426663

Please return the completed application with payment to membership@naccho.org.
Membership is non-transferable, non-refundable and non-tax-deductible.

AFFILIATE BUSINESS PARTNERSHIP

KEY BENEFITS

Engagement Opportunities

Educate and engage NACCHO members through complimentary and discounted webinars, dedicated newsletters, and advertising in NACCHO membership e-Publications.

Annual Conference Recognition and Discounts

Organization's name and partner level will be displayed in conference materials and exhibitor booths.

Discount on Conference Exhibit Booth Space

Receive a 4% discount on exhibit booth spaces if reserved and paid for in its entirety no later than 90 days of the annual conference. Pay no later than 60 days are eligible for a 2% discount.

Multi-Year Membership Discount

Pre-pay for three years of membership and receive a 5% discount.

...and even more!

Take a look at the benefits for each level and decide which is the best fit for your organization.

ORGANIZATION INFORMATION

Help us learn more about your organization by providing the requested information below:

Organization Name

Organization Mission Statement

Describe how your organization currently works with and/or supports local and governmental public health.

Describe which membership level your organization is applying for and how your organization plans to use the listed benefits in that level. Also, describe which benefits are of most interest to your organization and if there are other benefits or requests not listed on the attached chart.

Please provide a brief biography about your organization for inclusion on our affiliate business partner webpage. Additionally, please attach your organization's logo with this application in PNG format.

Please feel free to include any additional information via email to NACCHO-ABP@NACCHO.ORG

PROGRAM WORKGROUPS

Which programs best align with your organization? (Find descriptions [here](#))

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Health Equity and Social Justice | <input type="checkbox"/> Public Health Communications |
| <input type="checkbox"/> Biosurveillance | <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Public Health Law and Policy |
| <input type="checkbox"/> Health and Disability | <input type="checkbox"/> HIV, STI, & Viral Hepatitis | <input type="checkbox"/> Public Health Preparedness |
| <input type="checkbox"/> Environmental Public Health | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Immunization | <input type="checkbox"/> Research & Evaluation |
| <input type="checkbox"/> ePublic Health and Informatics | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Surge Management |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Maternal, Child, and Adolescent Health | <input type="checkbox"/> Workforce and Leadership |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Medical Countermeasures | <input type="checkbox"/> Vector Control |
| <input type="checkbox"/> Government Affairs/Advocacy | <input type="checkbox"/> Performance Improvement | |