

2008 MEMBERSHIP APPLICATION



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

NACCHO
1100 17th Street, NW, 2nd Floor
Washington, DC 20036
Phone: (202) 783-5550
Fax: (202) 783-1583
www.naccho.org

CONTACT INFORMATION

Please return application with payment to the address above.

Ms. Mr. Dr. Other: _____

Name: Eduardo Olivarez
First M.I. Last Degrees/certifications, if used

Title: Chief Administrative Officer

Organization/Agency: Hidalgo County Health & Human Services

Mailing Address: 1304 S. 25th St.

Edinburg Texas 78539
City State Zip

Street Address: same

City State Zip
Phone: (956) 383-6221 Fax: (956) 383-3229

E-mail: eddie.olivarez@hchd.org Web Site: www.hchd.org

Billing Contact: Josie Escalante

LOCAL HEALTH DEPARTMENT MEMBERSHIP

Local health departments may join NACCHO only in this category. While membership is for the department, membership benefits extend to all staff.

Size of Population Served: _____

- Includes Tribal Communities
 Tribal Health Department

NACCHO Forum Selection:

- City (smaller cities or townships)
 Metro (metropolitan areas and cities over 350,000 in population)
 County (includes county or regional health departments)

AFFILIATE MEMBERSHIP

Individuals and organizations not associated with a local health department may join NACCHO in this category. Affiliate membership is subject to NACCHO's approval.

Individual Affiliates:

- Student \$25 Graduation Date: _____
 Retiree \$50
 Alumni \$50
(Available to those who have moved on from a local health department but wish to remain connected to the field. Alumni members receive all member benefits and may serve on NACCHO committees but may not vote in NACCHO elections.)
 Other \$105

Organization Affiliates:

- State Public Health Dept. or Govt. Agency \$330
 Non-Profit or School of Public Health \$330
 For-Profit \$2,425

Population Served	2008 Dues
0-24,999	\$55
25,000-49,999	\$150
50,000-74,999	\$225
75,000-99,999	\$365
100,000-149,999	\$545
150,000-199,999	\$635
200,000-299,999	\$735
300,000-399,999	\$920
400,000-499,999	\$1,080
500,000-749,999	\$1,385
750,000-999,999	\$1,545
1,000,000-1,999,999	\$1,805
2,000,000-2,999,999	\$2,365
3,000,000+	\$3,530

PAYMENT TYPE

Membership Year: July 1 - June 30 Jan. 1 - Dec. 31

Check (Please make checks payable to "NACCHO.")

Visa MasterCard American Express

Card #: _____

Expiration: _____ / _____

Name on Card: _____

Signature: _____

NACCHO Federal Tax ID: 52-142-6663

acct# 8-1100-441-00-340-001-0-810