



# MEMBERSHIP APPLICATION & RENEWAL FORM

The Public Health Association of Nova Scotia (PHANS) is a voluntary, not-for-profit organization affiliated with the Canadian Public Health Association. PHANS advocates for public policy changes that support a broad vision of health for all Nova Scotians, while also providing networking and educational opportunities for all PHANS members.

You can become/remain a PHANS member for a small annual fee of **\$40**. We offer a discounted rate of \$20 for students and retired persons. Some of the benefits of membership include the following:

- 1) Access to a members-only listserv – a group email system providing information about PHANS activities, public health events, educational opportunities and updates;
- 2) Access to quarterly online forums (short presentation followed by discussion); and
- 3) An opportunity to have a voice in influencing health policy in Nova Scotia.

To become a new member, or to renew membership, please complete the form below and mail with a cheque (payable to Public Health Association of Nova Scotia) to **PO Box 33074, Halifax, NS B3L 4T6**. (If payment by cheque is not possible, please contact us at [info@phans.ca](mailto:info@phans.ca) to discuss alternatives).

Online membership renewal available for conjoint membership with the Canadian Public Health Association and PHANS: [www.cpha.ca/become-member](http://www.cpha.ca/become-member)

## Membership Application & Renewal Form

Are you new to PHANS or returning? <input type="checkbox"/> New membership <input type="checkbox"/> Membership renewal
Which type of membership? <input type="checkbox"/> Regular (\$40) <input type="checkbox"/> Student (\$20) <input type="checkbox"/> Retired (\$20)
Full Name:
Phone:
Full Address:
Email:
Organization/School:
Position/Program:

PHANS members are invited to join a members-only listserv – a group email system providing information about PHANS activities, public health events, educational opportunities and updates. In keeping with privacy laws, PHANS requests permission from individual members before adding their names to the listserv. Would you like to be added to the listserv?  Yes  No  
May PHANS add your contact information to a list that is shared only with other PHANS members?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date