

UK Student Public Health Association Membership Form

Applicant Information

Name:

Program and Concentration:

Current KPHA Member:

Yes _____ No _____

Email:

Part-Time or Full-Time:

Personal Information

Home Address:

Committee you're interested in joining:

City/State/Zip Code:

Service

Social

Home and/or Cell Phone:

Both

Work Information

Employer/ Occupation:

Comments/Suggestions

Please provide any service or activity ideas that you have:

Address:

City/State/Zip Code:

Please email to UKSPHA@gmail.com or return to any of the officers.