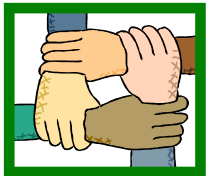


SHA Purpose:

**The Southern Health Association (SHA)
works toward:**

- * Fostering and stimulating a greater degree of scientific effort in the protection and improvement of public health.
- * Bringing about a better understanding, integration, and promotion of public health services.
- * Developing and promoting leadership skills among public health professionals.
- * Providing support for the development of legislative policy that could impact public health issues in a positive way (advocacy).



*For more information,
please visit our website at:
www.southernhealth.net*

Southern Health Association
1590 North Bass Drive,
Mt. Juliet, TN 37122

SHA



Membership Information

State Affiliates:

**Alabama
Arkansas
Georgia
Florida
Kentucky
North Carolina
South Carolina
Tennessee**

Working Together for Public Health!

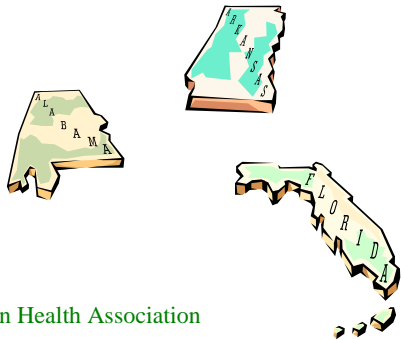
Southern Health Association (SHA)

The Southern Health Association (SHA) is a regional organization representing eight southern states and approximately 6,000 persons interested in public health.

SHA is a strong supporter of public health issues on the state, regional and national levels.

SHA holds an annual meeting jointly with one of its affiliate state public health associations.

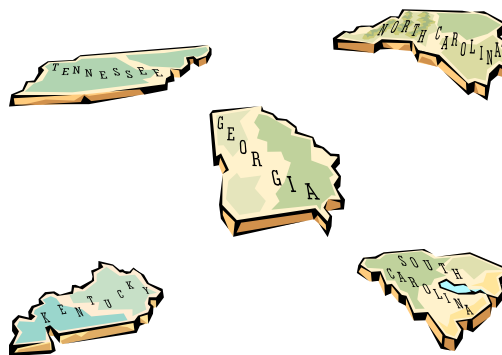
Leadership for SHA is provided through a Governing Council composed of elected officers, a representative from each affiliate state, members-at-large, and committee chairmen.



Benefits of SHA Membership

Membership in SHA provides unique opportunities to :

- Learn of legislative trends which affect public health.
- Meet new people and establish new friendships.
- Attend other State Public Health Association meetings to learn what problems are being faced and to share successes from your home state.
- Network with colleagues from neighboring states and discuss health related efforts and projects.
- Be a part of an organization that has consistently produced strong leaders.



MISSION: To serve as the regional advocate for public health and for the development and growth of its leadership.

Membership Application Form

Sign up for:

	1 Year	2 Year
<input type="checkbox"/> First Time New Member	___ \$20	___ \$40
<input type="checkbox"/> Individual	___ \$25	___ \$45
<input type="checkbox"/> Fellow	___ \$40	
<input type="checkbox"/> Retiree	___ \$10	___ \$20
<input type="checkbox"/> Student	___ \$10	

Note: Make check payable to Southern Health Association

Name _____

Organization/Agency _____

Address _____

Phone _____ Email Address _____

Professional Focus:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Educational/Health Promotion |
| <input type="checkbox"/> Direct Care | <input type="checkbox"/> Management Support |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Other: _____ |

Would you be interested in serving on a committee?

___ Yes ___ No

If yes, please list your areas of interest: _____

Are you a member of your State Public Health Association?

___ Yes ___ No

Sponsor _____ (optional)