



FISCAL YEAR _____
MAHB Individual MEMBERSHIP - \$50 per person

INVOICE

not-for-profit **Federal Tax I.D. #042774252**

DATE _____ **PHONE** _____ **FAX** _____ **Email** _____

NAME (BOH) _____ **ADDRESS** _____ **ZIP** _____

FOR MAILINGS AND OFFICE RECORDS, S. **PLEASE TYPE OR PRINT LEGIBLY!**

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City/Town _____ State _____ Zip _____

Phone _____

Email address _____ - Very important as most membership communication is done via email.

Reason for joining (to help us learn more about our individual members)

personal interest in local public health and/or environmental issues

professional interest in local public health and/or environment - Please consider becoming a corporate sponsor, which includes a listing in our directory.

Other _____

Make check payable to MAHB and send to: Massachusetts Association of Health Boards, Inc.

56 Taunton St. Plainville MA 02762

tel. & fax (508) 643-0234

benes@mahb.org