



Association of Teachers of Maternal and Child Health

1101 15th Street, NW, Suite 910

Washington, D.C. 20005

Tel: (202) 296-1099

Fax: (202) 296-1252

Membership Application

Type or print all required information. Enclose dues payment with your application and return it to ATMCH.

Last Name	First Name, Middle Initial	Degrees
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Position/Title	Organization/School
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Mailing Address

City	State	Zip	Country (if not in U.S.)
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Telephone	Fax	Email Address
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Please tell us about yourself, so that we may better address your needs:

(All information is for program planning purposes only; ATMCH membership information is never sold to mailing lists)

- Faculty in School of Public Health
- Student (Circle one – Undergrad/Master's/Doctoral)
- Other (please describe): _____

Special Interest Areas (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Adolescent and School Health | <input type="checkbox"/> Health Communications/ Media | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Advocacy and Coalition Building | <input type="checkbox"/> Health Economics | <input type="checkbox"/> Performance Management /Measurement |
| <input type="checkbox"/> Birth Defects & Developmental Disabilities | <input type="checkbox"/> Health Education/ Promotion | <input type="checkbox"/> Perinatal Health |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Health Services | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Health Statistics | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Child Health | <input type="checkbox"/> HIV/AIDs | <input type="checkbox"/> Prenatal/Postnatal Care |
| <input type="checkbox"/> Chronic Diseases; Other | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Public Health Informatics |
| <input type="checkbox"/> Comm./Infectious Disease: Other | <input type="checkbox"/> Infant Health | <input type="checkbox"/> Public Health Practice |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Injury Prevention/Control | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> Distance Learning | <input type="checkbox"/> International Health | <input type="checkbox"/> Resource Allocation |
| <input type="checkbox"/> Environmental Hazards | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Rural Health |
| <input type="checkbox"/> Evaluation Activities | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Immunization | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Management Training | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Maternal Health | <input type="checkbox"/> Tobacco Control/ Prevention |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> MCH Epidemiology | <input type="checkbox"/> Urban Health |
| <input type="checkbox"/> Health Behavior | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Violence |
| | <input type="checkbox"/> Minority Health | <input type="checkbox"/> Women's Health |
| | <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Workforce Development |
| | <input type="checkbox"/> Nutrition | |

(Please see the reverse side for dues and payment information)



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ATMCH Annual Dues	Amount Due	
	Faculty/Community	Student
A. 2009-2010 ONLY	\$75	\$10
B. 2009-2011	\$150	\$20
C. 2009-2012	\$225	\$30
D. 2009-2013	\$300	\$40

(Please note, ATMCH's fiscal year runs from October 1-September 30)

ATMCH Dues

Type of Membership: New Renewal

My total payment is \$_____

Please make check payable to "ATMCH" and mail dues and application to:

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