**Registration Form**

Please email completed form to Bob Kohmescher at bobk340@comcast.net or mail to Watsonian Society, P.O. Box 49372, Atlanta, GA 30359. If you have any questions or encounter any problems completing this form, please contact Bob at 770-722-2192.

We accept membership payments via the following methods:

* PayPal for those who have an account. Paste “paypal.me/ARHeningburg” into URL box of your browser. Enter amount of payment, select payment to friends/family (to avoid fee) and include note – “membership payment for \_\_\_\_\_\_\_”
* Transfer to the Watsonian Society CDC credit union account – can be done by phone or secure email to customer service desk.
* Electronic bill payer service with payee: Watsonian Society, P.O. Box 49372, Atlanta, GA 30359
* Paper check to address above.

**Full member** is anyone who is or has served as a 685 public health advisor. This includes PHAP members. **Associate members** are anyone else interested in joining the Watsonian Society.

If joining for the first time, include a $10 **initiation fee**. If you have been a member and did not pay your dues in the previous year, add a $5 **lapsed/reinstatement fee**.

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| **Membership Type** |

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| **Full member** | 1yr - $15 |  | 3yr - $40 |  | Initiation fee - $10 |  | Lapsed - $5 |  |
| **Associate member** | 1yr - $10 |  | 3yr - $25 |  | Initiation fee - $10 |  | Lapsed - $5 |  |
| **Lifetime** | 52-59 - $225 |  | 60-69 - $150 |  | 70+ - $75 |  |  |  |
|  **TOTAL** | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you updating current membership information?  | YES |  | NO |  |
| Are you applying as a new member?  | YES |  | NO |  |
| Are you applying as an associate member? (see webpage)  | YES |  | NO |  |
| Are you now or have you ever been a public health advisor at CDC/ATSDR?  | YES |  | NO |  |
| Are you retired?  | YES |  | NO |  |

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| Last Name  |  | Home e‐mail  |  |
| First Name |  | Cell Phone  |  |
| Middle Initial  |  | Work Address 1  |  |
| Preferred nickname |  | Work Address 2  |  |
| Last Name  |  | Work – City  |  |
| Home Address 1 |  | Work – State  |  |
| Home Address 2 |  | Work – Zip  |  |
| City |  | Work – email  |  |
| State |  | Work – Phone  |  |
| Zip  |  |  |  |

 **If you work at CDC, use this format for your email address: aaa9@cdc.gov**

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| Miscellaneous Information  |
| Year of birth  |  |
| If you are still working, please , please answer the following questions:  |
| Current assignment (Center/Division)  |  |
| Location (e.g., Atlanta, Chicago, Abidjan)  |  |

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