

**LABORATORY/EPIDEMIOLOGY SECTION  
MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

Work phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Are you currently a member of WVPHA?**

Yes \_\_\_\_\_

No \_\_\_\_\_

(WVPHA bylaws require Section members to also be members of the Association, but you can be a member of more than one Section.)

**Please enclose a \$15.00 check for dues. (September to September)**

**Make check payable to Laboratory/Epidemiology Section.**

**Mail check to:**

**Thein Shwe, Treasurer  
Laboratory/Epidemiology Section  
Division of Surveillance and Disease Control**

**350 Capitol St. Room 125  
Charleston, WV 25301**

