

Health Education Network of Delaware

Membership Application

PLEASE PRINT (Information will be published in the annual HENOD membership directory, which all HENOD members receive.)

Full Name _____

Degree(s) _____ Check if CHES certified

Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ Phone (Home) _____

Fax _____ E-mail _____

Membership category: FULL STUDENT RETIRED

If you are willing to serve on a committee, please check your area of interest:

Advocacy Communication Program Awards

Special Interest Group (optional): Adults Youth

ANNUAL DUES = \$15; STUDENT or RETIRED = \$7.50

Make your check payable to "HENOD" and mail to:

**Kriste Emmett
HENOD Treasurer
24 Anthony Court
Wilmington, DE 19808**

For more information, visit our website: www.henod.org

Please note: Dues are for the calendar year, and renewals should be submitted before January 31st of each year. Late renewals will not be eligible for inclusion in the *HENOD Membership Directory*.

If you were referred to us by a HENOD member, which member referred you?

_____.