

# 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

**Dues waived for 2011. No payment necessary.**

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

For more information, visit our website: [www.henod.org](http://www.henod.org)

**Please note:** Dues are for the calendar year, and renewals should be submitted before January 31<sup>st</sup> 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?  
\_\_\_\_\_.