



*For further information please contact:*

NH HEALTH OFFICERS ASSOC.  
President  
c/o NH Local Government Center  
PO Box 617  
Concord NH 03302-0617  
Work Telephone: 800.852.3358

**Website:**

[www.nhlgc.org/affiliate/nhhoa](http://www.nhlgc.org/affiliate/nhhoa)

# Membership Application



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The New Hampshire Health Officers Association is a professional organization of local health officials serving all of New Hampshire.

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## The Association

- Provides a forum for the exchange of experience and knowledge in the area of public health and environmental health
- Promotes skill, efficiency and professional competence among local public health workers and officers
- Reviews and studies current and future legislation affecting public health and environmental health
- Takes appropriate actions to protect and promote the interests of cities and towns
- Represents local health officers at the state level

## Activities

- Conduct educational conferences at least twice a year
- Represent local public health on state rule-making committees
- Represent local public health before state legislative bodies
- Provide local officials with specialized training

- Serve as a liaison to other agencies and organizations
- Serve as a source of publicity and education to the public

## Membership

Membership is open to all:

- City & town health officers
- Other local public health workers
- State public health workers
- Others with an interest in local public health and environmental health

## Attendance

RSA 129:1 City and Town Health Officers Association. Town and city health officers shall be entitled to receive the actual expenses incurred by them in attending the yearly meeting of the New Hampshire Health Officers Association, the same to be audited by the selectmen of towns and the finance committee of cities respectively and paid out of the town or city treasury.

**Dues: \$25.00 annually per member.**

# Application Form

*Please make check for \$25.00 payable to:*  
NEW HAMPSHIRE HEALTH  
OFFICERS ASSOCIATION

*Return completed application to:*  
NH Health Officers Association,  
c/o Local Government Center;  
PO Box 617, Concord, NH 03302

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

Employer: \_\_\_\_\_

Title (if other than Health Officer): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number:

(daytime) \_\_\_\_\_

(evenings) \_\_\_\_\_

E-mail: \_\_\_\_\_

