



Membership Application

- INDIVIDUAL (COMMUNITY HEALTH WORKER) \$20 per year**
- COMMUNITY (NON-COMMUNITY HEALTH WORKER) \$25 per year**
- ORGANIZATIONAL**
 - TIER 1 (UP TO 10 MEMBERS) \$180 per year**
 - TIER 2 (UP TO 20 MEMBERS) \$300 per year**
 - **Additional members: (21+) \$15.00 each**
- RETIRED \$15 per year**
Member who has retired and no longer receives income from current Community Health Worker work-related activities.
- STUDENT \$15 per year**
Student Members must be enrolled in a degree program.

PERSONAL INFORMATION

APPLICATION DATE _____

NAME _____ POSITION/TITLE _____

ORGANIZATION _____

MAILING ADDRESS HOME BUSINESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ EMAIL _____

HOW DID YOU HEAR ABOUT US? _____

By checking the box, I **DO NOT** grant permission for KYACHW to interview, photograph and/or videotape me for use in educational and promotional activities without compensation. If box is not checked, permission for the preceding is granted.

*** ORGANIZATIONAL MEMBERSHIP ONLY ***

Please identify additional members and their Personal Information on a separate sheet.

PAYMENT INFORMATION

MEMBERSHIP DUES \$ _____

DONATION TO KYACHW \$ _____
(TAX DEDUCTIBLE)

TOTAL ENCLOSED \$ _____

CHECK MONEY ORDER

* Make check payable to "KYACHW"

Mail application and payment to:
Kentucky Association for Community Health Workers
Attn: Katherina Hamilton – Treasurer
750 Morton Blvd.
Hazard, KY 41701

JOIN A COMMITTEE

KYACHW is an all-volunteer organization where our member's willingness to share skills, knowledge and expertise allow us to advance our mission. KYACHW members are encouraged to take an active role in the organization by joining a committee. Please select which committee(s) you would like to join.

- Membership
- Website/Communications
- Nominating
- Conference Planning
- Bylaws
- Certification/Credentialing
- Professional Development/Training
- Outreach