

Peace Caucus Membership Form

Yes, I want to join the APHA Peace Caucus!

Enclosed is my check, made payable to "APHA Peace Caucus" for \$_____

Name _____

Address _____

_____ Tel _____

Email _____

New Member

APHA Member ? Yes

Renewal

No

Full Member 10\$

Contributing Member \$25

Sustaining Member \$50

Return to :

APHA Peace Caucus

c/o SF Bay Area Physicians for Social Responsibility

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