

Memorandum of Understanding

Assuring the student benefits of membership in APHA Affiliates extend to all student members during interstate migration

This Memorandum of Understanding (MoU) is made on this ____ day of ____, 20__ between the _____Public Health Association and all other participating Affiliates of the American Public Health Association (APHA).

The purpose of this MoU is to demonstrate and operationalize the commitment of Affiliates to assure the benefits of student membership in one's public health association will remain with a student as they transition between states as a result of graduation, job acquisition, or other circumstance for the duration of their student membership eligibility status.

Such benefits may include mentoring, professional networking, opportunities to present research, opportunities to become actively involved in any governance structure open to a student member, discounted rates for conferences, opportunities to apply for available scholarship or other awards among other benefits.

Further, this affiliate commits itself by way of this MoU to do what it can to introduce any of its own emigrating student members to their new affiliate leadership and, where possible, to a point of contact within any appropriate section within that affiliate. This may occur by way of email, phone conversation, written letter, or personal introduction. The purpose of this introduction is to bond the student to the new affiliate in a meaningful way in an effort to minimize the likelihood that a student would become "lost" to his or her professional public health association at the critical transition between being a student and a public health professional.

Specifically, this affiliate agrees to accept any student from any other affiliate who signs this MoU without any membership fee for the balance of this (the new) affiliate's membership billing cycle. Should the incoming student establish primary residency in this affiliate's jurisdiction, the student would be required to pay student membership dues for subsequent billing cycles for which they maintain student membership eligibility.

An affiliate's participation in this MoU of reciprocal student membership is entirely voluntary. For record-keeping purposes, each signing affiliate will keep a copy of this MoU among their files and will provide a copy to the APHA Office on Affiliate Affairs. The Office on Affiliate Affairs will report out at the APHA Annual Meeting the list of affiliates who are included in this agreement of reciprocity.

Affiliate Name

Authorized Affiliate Representative

Reciprocal Student Membership Tracking Form

Student Name: _____

The following information relates to the student's initial affiliate membership.

Affiliate of Origin: _____

Date membership began: _____

Date membership expires: _____

Student Membership Rate: _____

The following information relates to the affiliate that the student will enter.

New Affiliate: _____

Date membership began: _____

Date at which reciprocal membership will expire: _____

Date at which new membership would begin: _____

Student membership rate: _____

Regular membership rate: _____

Student affirmation of relationship:

I, _____, am participating in a reciprocal student membership relationship between my affiliate of origin, the _____ Public Health Association, and my new affiliate, the _____ Public Health Association. I understand that my reciprocal student membership will expire on _____. If my student status changes such that I am no longer eligible for a student membership rate, I will inform my new affiliate prior to the end of my existing membership term.

Filing Instructions:

Each participating affiliate should keep a copy for their records and one copy shall be provided to the American Public Health Association (APHA), care of the Office of Affiliate Affairs. APHA, 800 I Street, NW, Washington, DC 20001-3710.