

**GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
TRAINING CENTER**

Renewal Application for Membership

Name _____

Occupation _____ Work Address _____

Employer / Company

Street _____ City _____ State _____ Zip _____

Telephone (w) _____ (h) _____

Home Address _____

Street _____ City _____ State _____ Zip _____

E-mail Address _____

Where do you prefer your mail?: Work Home

I am an AHA Instructor for the following (check all that apply):

- | | |
|---|-------------------------------|
| <input type="checkbox"/> BLS | <input type="checkbox"/> ACLS |
| <input type="checkbox"/> Instructor Trainer | <input type="checkbox"/> PALS |
| <input type="checkbox"/> First Aid | |

Note: GCDPH-TC is only approved to oversee BLS and IT courses

Yearly Membership Fee Options (Non-Refundable)

- Check One: _____ \$40
 _____ \$55 -includes unlimited equipment rental

I have read and agree to uphold the policies as written by the Guilford County Department of Public Health Training Center.

Signature and Date

Send completed form and check payable to Guilford County Department of Public Health - TC to...

Guilford County Department of Public Health
1203 Maple Street
Greensboro, NC 27405
ATTN: Annette Sentner