



## National Tuberculosis Controllers Association (NTCA) 2010 Membership Application

To join the National Tuberculosis Controllers Association (NTCA) or to renew your membership, please complete the NTCA's membership application below. After you complete and submit this form, you may pay your by telephone or mail. If you have any questions, please call 1-877-503-0806 (toll free). Membership dues are due at the beginning of each successive year.

To pay by Visa or MasterCard over the phone: Fax your completed membership application to Shannon Terregone at the NTCA offices at 1-678-503-0805. To make your payment, call our offices at 1-877-503-0806 (toll free).

To pay by check, money order, or purchase order: Make your check, money order, or purchase order payable to the National Tuberculosis Controllers Association and mail it along with your completed membership application to the National Tuberculosis Controllers Association, 2452 Spring Road SE, Smyrna, GA 30080-3828

### Your Name and Contact Information

Courtesy Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss (Check one)
First Name:	
Last Name:	
Credentials:	
Title:	
Organization:	
Mailing Address:	
Work Phone:	
Cell Phone:	
Fax:	
E-mail:	

## Your Membership

Is this a new membership or a renewal?

- New       Renewal

For what type of membership are you applying? Check one.

- National Tuberculosis Controllers Association (NTCA) Active Member:**  
An Active Member is a governmental TB Controller at the state, large city or territorial public health level, or an assistant or deputy TB Controller at any of those levels with governmental authority and responsibility to represent the program. An Active Member may hold office, elect officers, and serve on standing or special committees. Annual dues are \$100.
  
- National Tuberculosis Nurse Coalition (NTNC) Nursing Associate Member:**  
A Nursing Associate Member is any nurse who works in, or formerly was in, TB control and who is not a TB Controller or Assistant or Deputy TB Controller. Nurse Associate Members automatically become members of the NTNC and may hold office, elect officers, and serve on standing or special committees in that organization. A Nursing Associate Member may not hold office or elect officers in the NTCA but may serve on standing or special committees. Annual dues are \$55.
  
- National Society of Tuberculosis Clinicians (NSTC) Clinician Associate Member:**  
A Clinician Associate Member is any physician or nurse practitioner who works in, or formerly was in, TB control and who is not a TB Controller or Assistant or Deputy TB Controller. Clinician Associate Members automatically become members of the NSTC and may hold office, elect officers, and serve on standing or special committees in that organization. A Clinician Associate Member may not hold office or elect officers in the NTCA but may serve on standing or special committees. Annual dues are \$55.
  
- Associate Member:**  
An Associate Member is any person from a health agency who is not a current TB Controller or Assistant or Deputy TB Controller and who is not included in any of the above categories. This also includes all persons who are in, or formerly were in, the field of TB control. An Associate Member may serve as an NTCA advisor and consultant and serve on standing or special committees but may not vote or hold office. Annual dues are \$55.

## Your Experience and Interests

**Check the phrase that best describes your organization.**

- |  |  |
|--|--|
| <input type="checkbox"/> Federal Public Health Agency    | <input type="checkbox"/> Hospital                      |
| <input type="checkbox"/> Indian Health Service           | <input type="checkbox"/> Outpatient Facility           |
| <input type="checkbox"/> Tribal Health Agency            | <input type="checkbox"/> Laboratory                    |
| <input type="checkbox"/> State Public Health Agency      | <input type="checkbox"/> Correctional Facility         |
| <input type="checkbox"/> County Public Health Agency     | <input type="checkbox"/> Professional Association      |
| <input type="checkbox"/> City Public Health Agency       | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> International Agency            |  |
| <input type="checkbox"/> University/Research Institution |  |

**What percentage of time do you work in TB? Check one.**

- 100%    75%    50%    25%    Less than 25%

**Which of the following positions do you hold within your TB organization? Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> TB Controller             | <input type="checkbox"/> Interjurisdictional Contact   |
| <input type="checkbox"/> Assistant TB Controller   | <input type="checkbox"/> Epidemiologist                |
| <input type="checkbox"/> Deputy TB Controller      | <input type="checkbox"/> Social Worker                 |
| <input type="checkbox"/> Program Manager           | <input type="checkbox"/> Health Educator               |
| <input type="checkbox"/> Assistant Program Manager | <input type="checkbox"/> Administrative Staff          |
| <input type="checkbox"/> Physician                 | <input type="checkbox"/> Federal Public Health Advisor |
| <input type="checkbox"/> TB Nurse Practitioner     | <input type="checkbox"/> Other, Federal                |
| <input type="checkbox"/> State TB Nurse Consultant | <input type="checkbox"/> State Program Consultant      |
| <input type="checkbox"/> Nurse Consultant          | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> TB Nurse                  |  |

**What are your area(s) of expertise in TB? Please note them below.**

**Are you willing to train or speak within your area(s) of expertise?**

- Yes    No

**What are your special interests in TB? Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Medicine           | <input type="checkbox"/> Geriatrics                    |
| <input type="checkbox"/> Diagnostics        | <input type="checkbox"/> Outreach                      |
| <input type="checkbox"/> Nursing            | <input type="checkbox"/> Health Disparities            |
| <input type="checkbox"/> Laboratory         | <input type="checkbox"/> Education                     |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Advocacy                      |
| <input type="checkbox"/> Epidemiology       | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Pediatrics         |  |

**Thank you for joining the National Tuberculosis Controllers Association.**