



# Watsonian Society

An Organization for Public Health Advisors

## Registration Form

Please send your dues to:  
P.O.

The Watsonian Society  
P.O. Box 49372  
Atlanta, GA 30359

Please e-mail this form to Bob Kohmescher at [bobk340@comcast.net](mailto:bobk340@comcast.net) or send to the WS

Box. If you encounter any problems completing this form, please contact  
Bob by e-mail.

Membership Type				
Are you updating current membership information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying as a new member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying as an associate member? (see webpage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you now or have you ever been a public health advisor at CDC/ATSDR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you retired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First name	
First name AKA (preferred nickname)	
Middle initial	
Last Name	
Last Name AKA (maiden name)	
Suffix (Jr, III, etc)	

Note: Your address information may be shared with other members in the membership directory. Please place an X in the column on the right if you do not wish the information shared.

Home address 1		<input type="checkbox"/>
Home address 2		<input type="checkbox"/>
City		<input type="checkbox"/>
State		<input type="checkbox"/>
Zip		<input type="checkbox"/>
Home e-mail		<input type="checkbox"/>
Home phone		<input type="checkbox"/>
Work address 1		<input type="checkbox"/>
Work address 2		<input type="checkbox"/>
Work – City		<input type="checkbox"/>
Work – State		<input type="checkbox"/>
Work – Zip		<input type="checkbox"/>
Work – e-mail		<input type="checkbox"/>
Work –phone		<input type="checkbox"/>

See page 2

Note: Indicate your preference by placing an X in the right column (the default is work e-mail)

Send information to me by e-mail	
Use my work e-mail	
Use my home e-mail	
Send information to me by snail mail	
Use my work address	
Use my home address	

Please indicate if you are interested in volunteering by placing an X in the right column

Are you interested in serving as a mentor (you must be GS-12 or above)	
Are you interested in working on a committee?	

Year of birth	
If you are still working, please , please answer the following questions:	
Current assignment (Center/Division)	
Location (e.g., Atlanta, Chicago, Abidjan)	

**Dues**