



MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

SUSTAINING MEMBERSHIP APPLICATION

Name: _____ Work Phone: _____
 Mailing Address: _____ Work Fax: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Occupation: _____ Title: _____
 Employer: _____
 Web Site: _____

Check Committees on which you would like to participate: (Committee chair will contact you.)

- Awards Conference Planning Finance History Legislation Membership Newsletter
- Nominations Publicity & Marketing Outreach Resolutions Registration Technology
- Student Committee

Do you choose to receive mailings from organizations not affiliated with MEHA? Yes No

Signature _____ Date _____

Fees include membership dues in the Minnesota Environmental Health Association for one year, subscription to the MEHA Newsletter, free ad in the MEHA newsletter and mention on the MEHA web site MEHAonline.org, reduced rates for MEHA programs and other activities sponsored by the association.

Membership requirements:

Sustaining membership is available to any individuals, firms, or corporations expressing an interest in the Association and its objectives.

Annual Dues
Sustaining Membership

MEHA ONLY

Gold	\$275.00
Silver	\$175.00
Bronze	\$ 75.00
Total submitted	_____

Please send your ad copy with the application Send application, fees and ad copy to:
Make checks payable to MEHA

MEHA Treasurer
P.O. Box 912
St. Cloud, MN 56302-0912