

MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

MEMBERSHIP APPLICATION

Name:		Gender: MF
Preferred Mailing Address:		
City:		State:Zip:
Preferred Phone:	Fax:	Cell Phone:
Preferred Email:		
Alternate Address:		
		State:Zip:
Alternate Email:		
Occupation:		itle:
Employed by: (Check One)		
State County City Institu		
Are you a registered Environmental	Health Specialis	t/Sanitarian in Minnesota? Yes No
Education: (Check One)		
No Degree AA BA B		
Check Committees on which you wo	uld like to part	cipate: (Committee chair will contact you.) Awards
Nominations Publicity & Market Student Committee Interested in Peer Network	ing Outreach	e History Legislation Membership Resolutions Registration Technology
Would you be willing to serve on the b	oard of directors	Yes No
Do you choose to receive mailings from	n organizations r	ot affiliated with MEHA? Yes No
Signature		Date
Newsletter, reduced rates for MEHA p. If you wish to join electronically go to Membership requirements:	rograms and othe	nental Health Association for one year, subscription to the MEHA r activities sponsored by the association. ehaonline.org/membership/
Active membership is available to anyo	one who is or has	been engaged in environmental health work or associated activities.
		Annual Dues
MEHA Active Membership	\$35.00	Annual Dues Make all checks payable to MEHA
		Annual Dues Make all checks payable to MEHA Send application and fees to:
MEHA Active Membership	\$35.00	Annual Dues Make all checks payable to MEHA Send application and fees to: MEHA Treasurer
MEHA Active Membership	\$35.00	Annual Dues Make all checks payable to MEHA Send application and fees to: