



MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

STUDENT MEMBERSHIP APPLICATION

Name: _____ Gender: M _____ F _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

School & Course of study: _____

If currently employed in a health related field:

Employer: _____

Employed by: (Check One)

State County City Institutional Industrial Other (Explain) _____

Education: (Check One)

No Degree AA BA BS MA MS MPH PhD

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

Awards Conference Planning Communications Finance History Legislation
Membership 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 _____

Membership in the Minnesota Environmental Health Association for one year, entitles you to: subscription to the MEHA Newsletter, reduced rates for MEHA programs and other activities sponsored by the association.

Membership requirements:

Student membership

Students working toward a degree in environmental health or related studies are eligible for student membership.

**Verification of full-time student status is required.*

Junior Membership

Students who do not meet the above requirements

**Verification of full-time student status is required.*

Annual Dues

MEHA Student Membership	\$5.00	Make all checks payable to MEHA
MEHA Junior Membership	\$5.00	Send application and fees to:
U of M School of Public Health		MEHA Treasurer
Orientation	Waived	P.O. Box 912
UWEC Env & Public Health		St. Cloud, MN 56302-0912
Professional Seminars	Waived	
Gustavus Career Fair	Waived	
Total Submitted	_____	