



MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

MEMBERSHIP APPLICATION

The demographic information collected in this form allows MEHA to better understand who our members are and provide better representation for our membership. The information will be used internally to identify disparities, target quality improvement efforts and monitor progress. In addition, this information will help us tell the story of our membership to external partners about topics including: who is or is not represented within our membership, salary inequalities, and other challenges faced by Environmental Health Professionals in Minnesota.

Name: _____

Gender (*your answer to this question is private and your participation is optional*):

Male Female Non-binary Choose not to answer Self-Identify: _____

Self-reported race (*your answer to this question is private and your participation is optional*) (*choose all that apply*):

American Indian Alaska Native Asian Black African American
Native Hawaiian Pacific Islander White Something Else

Self-reported ethnicity (*your answer to this question is private and your participation is optional*):

Hispanic Non-Hispanic Something Else

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

Preferred Email: _____

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate Email: _____

Occupation: _____ **Title:** _____

Employer: _____

Employed by:

State County City Institution Industry Other

Salary Range (*your answer to this question is private and your participation is optional*):

<\$10,000 \$10,000-34,999 \$35,000-49,999 \$50,000-74,999 \$75,000-99,999 >\$100,000

Education:

No Degree AA BA BS MA MS MPH PhD PE

Are you a registered **Environmental Health Specialist/Sanitarian** in Minnesota? Yes No

Check Committees on which you would like to participate (a committee chair may contact you):

Conference Planning	Communications	Finance	History	Legislative
Membership	Nominations	Publicity and Marketing	Outreach	
Resolutions	Registration	Technology	Student	Awards

The **Peer Network** is a knowledge support network for professionals, future professionals and emerging professionals. Please indicate if you would like to be a Mentor/Teacher or Mentee/Student in one of the following programs:

Program Management & Policies	REHS Exam Prep	Technology & Media
Food	Swimming Pools	Lodging & Housing
Body Art		
Manufactured Home Community	Recreational Camping Area	Youth Camps
Indoor Air	Water	Hazardous Waste
Solid Waste		
Septic Systems	Professional Development	EH Program Support

Serve as: Mentor/Teacher Mentee/Student

Would you be willing to serve on the **board of directors**? Yes No

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

Signature _____ **Date** _____

Dues include membership in the Minnesota Environmental Health Association for one year, subscription to the MEHA Newsletter, reduced rates for MEHA programs and other activities sponsored by the association. If you wish to join electronically go to the following: mehaonline.org/membership/

Membership requirements:

Active membership is available to anyone who is or has been engaged in environmental health work or associated activities.

MEHA Active Membership	\$40.00	Annual Dues Make all checks payable to MEHA Send application and fees to: MEHA Treasurer P.O. Box 441 Anoka, MN 55303
Total Submitted	_____	

MEHA Application only 8/5/22