



## MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

### *STUDENT 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

**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

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Membership with the Minnesota Environmental Health Association is a one year term with renewal opportunity and provides subscription to MEHA news bulletins and 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/](http://mehaonline.org/membership/)

**Membership requirements:**

Student membership is available to a full-time student working towards a degree in Environmental Health, Environmental Science, Public Health or an associated discipline. To complete the application process, you must provide an email address associated with an academic institution or submit written verification of your full-time student status (a screen shot of your class schedule is adequate). Please send it to [dan.disrud@state.mn.us](mailto:dan.disrud@state.mn.us) or [karen@karencasaleconsulting.com](mailto:karen@karencasaleconsulting.com) or the mailing address identified below.

Send application to:

MEHA Treasurer  
P.O. Box 441  
Anoka, MN 55303

MEHA Student Application 8/12/22