



MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION

MEMBERSHIP APPLICATION

Name: _____ Gender: M _____ F _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Fax: _____ Cell Phone: _____

Preferred Email: _____

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate Email: _____

Occupation: _____ Title: _____

Employer: _____

Employed by: (Check One)

State County City Institutional Industrial Other (Explain)

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

Education: (Check One)

No Degree AA BA BS MA MS MPH PhD PE

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

Interested in Peer Network

Knowledge/Subject Areas _____

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.

Annual Dues

MEHA Active Membership \$40.00 Make all checks payable to **MEHA**

Retired Membership \$15.00 Send application and fees to:

MEHA Treasurer

P.O. Box 441

Anoka, MN 55303

Total Submitted _____