



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. Provide current class schedule or use school email address.

* Junior Membership

Students who do not meet the above requirements

*Verification of full-time student status is required. Provide current class schedule or use school email address.

Annual Dues: Waived for eligible students