



**MINNESOTA ENVIRONMENTAL HEALTH
ASSOCIATION**

**SUSTAINING
MEMBERSHIP APPLICATION**

Name: _____ Work Phone: _____
Mailing Address: _____ Work Fax: _____
City: _____ State: _____ Zip: _____
E-Mail: _____
Occupation: _____ Title: _____
Employer: _____
Web Site: _____

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

- Awards Conference Planning Finance History Legislation Membership Communications
 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 _____

Fees include membership dues in the Minnesota Environmental Health Association for one year, subscription to the MEHA Newsletter, free ad in the MEHA newsletter and mention on the MEHA web site MEHAonline.org, reduced rates for MEHA programs and other activities sponsored by the association.

Membership requirements:

Sustaining membership is available to any individuals, firms, or corporations expressing an interest in the Association and its objectives.

**Annual Dues
Sustaining Membership**

MEHA ONLY

Gold	\$280.00
Silver	\$180.00
Bronze	\$ 80.00
Total submitted	_____

Please send your ad copy with the application Send application, fees and ad copy to:
Make checks payable to MEHA

MEHA Treasurer
P.O. Box 912
St. Cloud, MN 56302-0912