



**MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years of Experience in Environmental Health: \_\_\_\_\_

Employed by: (Check One)

State  County  City  Institutional  Industrial  Other (Explain) \_\_\_\_\_

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

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

**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.)

Publicity & Marketing  Newsletter  History  Membership  Awards  Registration

Conference Planning  Legislation  Finance  Technology  Outreach

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.

Membership requirements:

Active membership is available to anyone who is or has been engaged in environmental health work or associated activities. Students working toward a degree in environmental health or related studies are eligible for student membership. *\*Verification of full-time student status is required.*

**Annual Dues**

MEHA Active Membership	\$30.00	Make all checks payable to <b>MEHA</b>
Retired Membership	\$ 5.00	Send application and fees to:
MEHA Student Membership*	Gratis	MEHA Treasurer
*See above requirements		P.O. Box 912
Total Submitted	_____	St. Cloud, MN 56302-0912