



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.)

Professional Development & Outreach Newsletter History Membership Awards

Conference Planning Legislation Finance Technology Publicity

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

Retired Membership \$ 5.00

MEHA Student Membership* Gratis

*See above requirements

Total Submitted _____

Make all checks payable to **MEHA**

Send application and fees to:

Mark Clary, R.S.

St. Paul - Ramsey County Public Health Dept.

2785 White Bear Ave, Suite 350

Maplewood, MN 55109-1320