



**MINNESOTA ENVIRONMENTAL HEALTH ASSOCIATION  
APPLICATION FOR SUSTAINING MEMBERSHIP**

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

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

- Professional Development & Outreach     Newsletter     History     Membership     Awards  
 Conference Planning     Legislation     Finance     Technology

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	\$275.00
Silver	\$175.00
Bronze	\$ 75.00
Total submitted	_____

Please send your ad copy with the application  
Make checks payable to MEHA

Send application, fees and ad copy to:  
Mark Clary, R.S.  
St. Paul-Ramsey County Public Health  
2785 White Bear Ave, Suite 350  
Maplewood, MN 55109-1320