

MICHIGAN ENVIRONMENTAL HEALTH ASSOCIATION
Membership Application

Name: _____ Date: _____

Please send my mail to my: [] Home [] Employer

Home address: _____
Street and number Suite or apartment

City State Zip (4 digit please)

Home phone: _____ Email _____
Area Code

Employer: _____

Employer Address: _____
Street and number Suite or apartment

City State Zip (4 digit please)

Work phone: _____ Fax: _____ Email _____
Area Code Area Code

Are you currently a Registered Sanitarian in the State of Michigan? [] Yes [] No

Occupation: [] Environmental Sanitarian [] Consultant [] Engineer [] Student [] Academe [] Other

Regional Designation (for voting purposes) [] Upper Peninsula [] Northern Lower Region
[] Southeast Region [] Southwest Region

NOTE: Your membership dues include an annual subscription to the MEHA News, a copy of the MEHA Directory and the right to participate in all MEHA activities, programs, benefits and purchases at the member rates.

MEHA Committee Interests (Please check a maximum of three [3] committees.)

- [] 1. Annual Edu Conference [] 5. Endowment Committee [] 9. Membership
[] 2. Audit [] 6. Food Conference [] 10. Nominations & Resolutions
[] 3. Continuing Education [] 7. Groundwater Conference [] 11. Professional Development
[] 4. Environmental Education [] 8. Grant & Training Funds [] 12. Recreational Swimming
[] 13. Wastewater Conference

What activities or concerns should MEHA address in the next year? _____

Membership Requirements

- [] Active Membership is available to anyone employed in environmental health work or related education activity \$40 per year
[] Student Membership is available for anyone enrolled full-time in an environmental or health related study \$15 per year
[] Associate Membership is available to anyone interested in the field of environmental health but who may not be employed full-time in that field \$40 per year
[] Sustaining Organization Membership is available to institutions, agencies or companies who hold such membership in NEHA, IAMFES, or who have an interest in the purpose and objective of the Association \$50 per year
[] Donation \$_____
[] Our check is enclosed for membership in the category marked above. Please make check/money order payable to: Michigan Environmental Health Association (MEHA) and forward to: MEHA - PO Box 13276 - Lansing, MI 48901. Phone 517/485-9033 or Fax 517/485-6412.
[] Check here if you do not desire to be included in a membership list requested by a professional organization.