

Membership Application

Full Name: _____ Credential: _____

Position Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (required): _____

Membership Type

Select your membership type below.

- ☐ Professional: Active in the field of environmental health | \$120
- ☐ Emerging Professional: Within the first 5 years of environmental health career | \$35
- ☐ Student: Individuals currently enrolled in a recognized or accredited college or university and not employed full-time in the environmental health profession | \$10

Anticipated Graduation Date (required): _____

College/University (required): _____

- ☐ Retired Professional: Retired from the field of environmental health | \$40
- ☐ International: Environmental health professionals who reside outside of the U.S. | \$90

Payment

☐ VISA ☐ MasterCard ☐ American Express ☐ Check to NEHA

Card Number _____ Expiration Date _____ CCV # _____

Name on Card _____