

# Individual Membership Application

## National Environmental Health Association

*Advancing the environmental health professional for the purpose of providing a healthful environment for all.*



### Contact Information

Salutation:  Mr.  Mrs.  Miss  Ms.  Dr.  Prof.  Dean

Full Name: \_\_\_\_\_ Designation (optional): \_\_\_\_\_

Position Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

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

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

### Membership Type

Individual (E-Journal Only)  1 Year- \$95  2 Year- \$180  3 Year- \$255

Individual (E-Journal & Print)  1 Year- \$110  2 Year- \$210  3 Year- \$300

\*Student (E-Journal Only)  1 Year- \$15 \*Graduate (E-Journal Only)  1 Year- \$15

\*Student (E-Journal & Print)  1 Year- \$55 \*Graduate (E-Journal & Print)  1 Year- \$55

Emeritus (E-Journal Only)  1 Year- \$15 Emeritus (E-Journal & Print)  1 Year- \$55

International  1 Year- \$60 \*Students must provide verification of fulltime enrollment (student ID, class schedule, transcripts).  
\*Graduates must provide verification that they are within one year of official graduation date.

### Payment

Check made out to NEHA Charge my:  VISA  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Name on Card \_\_\_\_\_

### Optional Demographics

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Areas of Expertise \_\_\_\_\_