

WEHA APPLICATION FOR MEMBERSHIP

Name:		
Address:		
City:	State:	ZIP:
E-mail:		

EMPLOYMENT INFORMATION

Title:	State <input type="checkbox"/>	County <input type="checkbox"/>
Occupation:	City <input type="checkbox"/>	Private <input type="checkbox"/>
Employer:	Education <input type="checkbox"/>	Other <input type="checkbox"/>
Address:	Work Phone:	
City:	State:	ZIP:

EDUCATION AND CERTIFICATION

No Degree <input type="checkbox"/>				Associate <input type="checkbox"/>				Bachelor <input type="checkbox"/>				Master <input type="checkbox"/>				Doctorate <input type="checkbox"/>			
Degrees Received	Name:	City:	State:																
	Major:	Year Received:																	
	Name:	City:	State:																
	Major:	Year Received:																	
Are you a Registered Sanitarian? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, State of WI <input type="checkbox"/> NEHA <input type="checkbox"/>																			

ADDITIONAL INFORMATION

Would you like to receive WEHA News via e-mail? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you interested in participating on a WEHA Committee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Awards <input type="checkbox"/>	By-laws <input type="checkbox"/>	Education <input type="checkbox"/>	Finance <input type="checkbox"/>
Legislation <input type="checkbox"/>	Membership <input type="checkbox"/>	Program <input type="checkbox"/>	Publicity <input type="checkbox"/>
Would you be interested in serving on the Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Fees include:

- One year membership to Wisconsin Environmental Health Association (WEHA)
- Subscription to the quarterly WEHA News publication
- Reduced rates for activities sponsored by the association

Signature of Applicant

Date

Send completed application with \$40.00 membership fee to: Wisconsin Environmental Health Association, Inc.
Attn: Treasurer
PO Box 8565
Madison, WI 53708-8565