

Virginia Environmental Health Association, Inc.

Membership Application



Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) (_____) _____ (W) (_____) _____

Email Address: _____

Employment, circle one: Government Academia Student Industry Retired

Employer (or University if student): _____

Any relevant credentials: (i.e., REHS, OSE, AOSE, CPSS, CFSP, etc.) _____

Are you a member of NEHA? (circle) Yes No

Are you a member of another professional association: (circle) Yes No

If yes, please name: _____

Check the Class of VEHA Membership you wish to apply for:

_____	Active Annual Dues: \$20	Any person who is employed full time in the field of Environmental Health as an EH professional or in a similar capacity or in related educational activities, or any person registered in the Commonwealth of Virginia as a Registered Sanitarian, Registered Environmental Health Specialist or any other registration officially recognized by the National Environmental Health Association (NEHA).
_____	Associate Annual Dues: \$20	Any person who has had, and maintains, an interest in Environmental Health, or has retired from service in Environmental Health.
_____	Student Annual Dues: \$5	Any full time student working towards a degree in Environmental Health or a related field.
_____	Supporting Annual Dues: \$50	Any individual employed in a responsible position in an enterprise serving, or directly related to the Environmental Health field.
_____	Sustaining Annual Dues: \$100	Any company, corporation, or association of such firms with a general interest in and desire to contribute to the objectives of the Association.

Send to: Sandy Stoneman, VP Member Services, VEHA
1141 Cripple Creek Rd, Wytheville VA 24382

www.virginiaeha.org
sandra.stoneman@virginiaeha.org