

Arizona Environmental Health Association



Membership Application (Yearly membership runs July - June)

Applicant Information

Name:

Current Address:

City:

State:

Zip:

E-mail Address:

Receive Newsletter via E-mail? Y or N

Membership Type: New/Renewal (Please circle one)

Member #:

Regular/Student (Please circle one)

Phone: () -

Employer Information

Current Employer:

Employer Address:

Contact: Work/Home (Circle one)

City:

State:

Zip:

Business Phone: () -

Fax: () -

Title:

Registered/Certified? Y or N (Circle One)

Type(s):

Areas of Interest

Air Quality

Administration/Mgmt

Education

Food/Food Safety

Solid Waste

Hazardous Materials/Waste

Epidemiology

Waste Water

Bioterrorism

Water Quality

Vector/Pest Control

Committee involvement (note committee below)

Activities of Interest

Please list the types of activities or functions you would like to see offered by AZEHA

Payment Information

Amount Enclosed: \$

Active Member: \$20.00

Cash/Check/Money Order (Please Circle One)

Student Member: \$10.00

Signature of Applicant:

Date:

Referred by: _____

Thank you for your interest in the Arizona Environmental Health Association. We look forward to working with you in future AEHA functions. **Please return application and payment to: Arizona Environmental Health Association C/O Maricopa County Environmental Services Attn: Steve Wille, AEHA Membership Chairman 1001 N. Central Ste. 575 Phoenix AZ 85004. Please make checks payable to AZEHA.**