



THE OHIO ENVIRONMENTAL HEALTH ASSOCIATION

Do you know a person employed in the field of public health, environmental health or protection, or a student in these fields?

Then why not invite this person to become a member of the Ohio Environmental Health Association.

MEMBERSHIP APPLICATION

Please type or print & check all appropriate items and return to:

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

P.O. Box 234

Columbus, Ohio 43216-0234

Visit our Web site at www.oeha.org

Name _____ R.S.: _____

Home Address _____ Phone _____

City _____ State _____ County _____ Zip _____

Fax Number _____ Email Address _____

Business/Agency _____

Street _____ Phone _____

City _____ State _____ County _____ Zip _____

Fax Number _____ E-mail Address _____

(Please indicate in the address to which the association mail is to be sent)

Present Position _____

Amount Due _____

Current Membership Cost

___ O.E.H.A. Dues \$50.00

___ O.E.H.A. Student Dues \$15.00

___ O.E.H.A. Sustaining Dues \$50.00

Membership District by Residence

___ Northeast

___ Northwest

___ Southeast

___ Southwest

___ New Member

___ Associate Member

___ Active Member

___ Student Member

___ Sustaining Member

Dues include one year subscription to the "Ohio Journal of Environmental Health"