

# LOUISIANA ENVIRONMENTAL HEALTH ASSOCIATION MEMBERSHIP APPLICATION

*Regular membership is available to anyone employed in the environmental health field or a related educational activity.*

*(Please print or type)*

Name _____	(First, Middle, Last)
Home Address _____	(Street or P. O. Box)
_____	(City, State, Zip)
_____	(Area Code, Telephone,)
_____	(E-mail address)

Employer _____	Job Title _____
Business Address _____	(Street or P. O. Box)
_____	(City, State, Zip)
_____	(Area Code, Telephone,)
_____	(E-mail address)
Job Function:    Administrative    Technical            Research            Testing    Other	
Total Years of Environmental/Health Experience _____	

<b>PREFERRED MAILING ADDRESS</b> ~ Business            ~ Home
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PROGRAM AREA(S) OF SPECIAL INTEREST	
~ Air Pollution	~ Radiation Safety
~ Food Protection	~ Underground Storage Tanks
~ Hazardous Substances	~ Recreational Areas/Water
~ Housing/Shelter	~ Sanitary Engineering
~ Institutional Environmental Control	~ Solid Waste Management
~ Land Use/Reuse	~ Vector Control
~ Noise Control	~ Waste Water Management
~ Occupational Safety & Health	~ Other (Specify)

*Annual Membership Dues are \$10 for the period January 1 – December 31. New applications must include annual dues.\* (see below)*

*Please return this application to:*

**LEHA Treasurer  
P. O. Box 2661  
Baton Rouge, LA 70821**

\$ \_\_\_\_\_ Dues  
\$ \_\_\_\_\_ Scholarship Donation  
\$ \_\_\_\_\_ Total Paid

**\*PLEASE READ!**

If you have registered for the annual conference, your dues for the calendar year are complimentary and need not be sent with this application, but please complete and return the application to provide LEHA with your membership information. Subsequent years dues will be due if not registering for the annual conference and you will receive a dues notice in February.

SPONSOR (if any) _____	
SIGNATURE _____	DATE _____