



**California Environmental Health Association MEMBERSHIP APPLICATION**  
**MAIL YOUR APPLICATION AND PAYMENT TO: CEHA, P.O. Box 1584 Hollister, CA 95024**

Tax ID# 237034973 | Email: [membership@CEHA.org](mailto:membership@CEHA.org)

TO APPLY/RENEW FOR MEMBERSHIP USING A CREDIT CARD OR PAYPAL GO ONLINE TO: [www.CEHA.org](http://www.CEHA.org)

*CEHA is a non-profit organization committed to providing for the professional growth and development of the environmental professional. We are an organization of volunteers dedicated to the environmental health profession, which includes the protection of public health and the environment.*

***Please complete this form in its entirety – include your email to ensure you receive information in the timeliest manner possible***

Name:

Please select your membership category below. Your membership includes the selection of one regional chapter affiliation:

Mailing Address:

MEMBERSHIP TYPE:

City:

*\*Please provide proof that you are a currently enrolled student. Does not apply to active/working REHs. \*\* Please provide proof that you are retired.*

Zip Code:

Please select your chapter affiliation:

Email Address:

SUPERIOR: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Siskiyou, Sierra, Tehama, Trinity, Tuolumne, Sutter, Yuba, Yolo

Employer:

REDWOOD: Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Sonoma

Employer Address:

NORTHERN: Alameda, Contra Costa, Monterey, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo

Employer Zip:

CENTRAL: Fresno, Inyo, Kern, Madera, Mariposa, Merced, Stanislaus, Tulare

Primary Phone:

MISSION: San Luis Obispo, Santa Barbara, Ventura

SOUTHERN: Los Angeles, Long Beach, Pasadena, Vernon

Please select the options that best describe your profession:

(You may type into selection boxes if option is not available or if Multiple)

CITRUS: Orange, Riverside, San Bernardino

SOUTHWEST: Imperial, San Diego

*\*Please add \$5 additional dollars if you desire to join a second Chapter\**

Employment:

Tax deductible contribution to the CEHA Scholarship Fund  
(optional)

Program/Field:

AMOUNT: \_\_\_\_\_

Application Date:

**I have enclosed my check payable to CEHA in the amount of: \_\_\_\_\_**

Thank you for your interest in the California Environmental Health Association. By becoming a member of CEHA, you demonstrate commitment to professionalism in the environmental health field and dedication to improving the quality of life and health through environmental education and protection.

CEHA continues to represent environmental health professionals in the state of California. CEHA provides the industry with a collective voice on matters concerning legislative and regulatory issues, offering cutting-edge educational and training opportunities, and implementing communication vehicles that reach out and inform the industry of time critical matters.

A CEHA registration confirmation email and receipt will be sent to the email address provided. Please keep a copy for your records. For more information, please visit [www.ceha.org](http://www.ceha.org).