



CEHA MEMBERSHIP APPLICATION

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

Application Date

Month Day Year

Member Name *

First Name Last Name

Type of application: *

New Member

Renewal

Membership Type *

Professional - \$85.00 (Member in good standing)

Student - \$29.50* (full time students only & not employed by a county) Assistant Environmental Health Specialists I, Environmental Health Specialist Trainees and full-time Environmental Health employees are not eligible for Student membership. Students must have proof from their school stating that they are full-time students. All Student members of CEHA are to be offered an additional year of CEHA membership at the Student rate following graduation.

Retired - \$25.00 Retired membership may be conferred upon any Active CEHA member of five (5) or more years standing, who is retiring from active Environmental Health work after at least twenty (20) years of service or on account of age or disability. This rate is not available to new members.

NEW REHS - Free for 1st year (must be submitted within 90 days of passing the REHS exam)

CEHA Executive Past-President

Corporate Membership - \$350.00 (select for full details of benefits)

Educational Institution Membership - \$50.00 (select for full details of benefits)

Email *

Mailing Address *

Street Address

City

State / Province

Postal / Zip Code

Contact Phone Number *

Area Code

Phone Number

Please select the options that best describe your profession:

Employment Type *

- County EHS Employee
- Corporate/Vendor/Contractor/Educational
- County/City (Fire, Vector, Epi, etc.)
- Self-Employed
- Retired
- Student
- Other

Program/Field *

- | | |
|--------------------------------|---------------------|
| Food and Pool Safety | Haz Mat/Haz Waste |
| Body Art/Medical Waste | Solid Waste/LOP/LEA |
| Housing | Plan Check |
| Water Quality/Cross Connection | Vector |
| Camps/Institutions/Jails | Land Use/OWTS |
| Other | |

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

Primary CEHA Chapter *

- | | |
|----------|-----------|
| Superior | Redwood |
| Northern | Central |
| Mission | Southern |
| Citrus | Southwest |

Additional CEHA Chapter (\$5 per chapter)

- | | |
|----------|-----------|
| Superior | Northern |
| Mission | Citrus |
| Redwood | Central |
| Southern | Southwest |

Employer Information:

Employer/Company/Institutional Name *

Employer/Company/Institutional Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Do you require an invoice for your employer to pay the membership fee? *

Yes, please send an invoice.

No, payment can be made online

Applications are subject to verification of payment and/or supporting documentation to validate membership. Unpaid invoices after 45 days will result in membership cancellation.