



California Environmental Health Association MEMBERSHIP APPLICATION

MAIL YOUR APPLICATION AND PAYMENT TO: CEHA, 5042 Wilshire Blvd, #23583, Los Angeles, CA 90036

Tax ID# 237034973 | Email: membership@CEHA.org

TO APPLY/RENEW FOR MEMBERSHIP USING A CREDIT CARD OR PAYPAL GO ONLINE TO: 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, Mailing Address, City, Zip Code, Email Address, Employer, Employer Address, Employer Zip, Primary Phone

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

MEMBERSHIP TYPE: []

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

Please select your chapter affiliation:

- SUPERIOR: Alpine, Amador, Butte, Calaveras, El Dorado, Glenn, Lassen, Modoc, Mono, Placer, Plumas, Sacramento, San Joaquin, Shasta, Siskiyou, Sierra, Tehama, Trinity, Tuolumne, Sutter, Yuba, Yolo
REDWOOD: Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Sonoma
NORTHERN: Alameda, Contra Costa, Monterey, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo
CENTRAL: Fresno, Inyo, Kern, Madera, Mariposa, Merced, Stanislaus, Tulare
MISSION: San Luis Obispo, Santa Barbara, Ventura
SOUTHERN: Los Angeles, Long Beach, Pasadena, Vernon
CITRUS: Orange, Riverside, San Bernardino
SOUTHWEST: Imperial, San Diego

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

Please select the options that best describe your profession: (You may type into selection boxes if option is not available or if Multiple)

Employment, Program/Field

Tax deductible contribution to the CEHA Scholarship Fund (optional)

AMOUNT: []

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.



Superior Redwood Northern Central Mission Southern Citrus Southwest