

# Virginia Environmental Health Association

## Membership Application

(please print clearly)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employment:    \_\_\_ Government    \_\_\_ Academia    \_\_\_ Student  
                  \_\_\_ Industry        \_\_\_ AOSE/CPSS    \_\_\_ Retired

Employer (or University if student): \_\_\_\_\_

Any relevant credentials: (ie., REHS, CPSS, CFSP, etc.) \_\_\_\_\_

Are you a member of any other professional association: \_\_\_\_\_

If so, please name: \_\_\_\_\_

### Please check the class of VEHA Membership you wish to apply for:

\_\_\_\_\_ **Active** Any person who is employed full time in the field of Environmental Health as an EH professional or in a similar capacity or in related educational activities, or any person registered in the Commonwealth of Virginia as a Registered Sanitarian, Registered Environmental Health Specialist or any other registration officially recognized by the National Environmental Health Association.  
**Annual Dues: \$20.00**

\_\_\_\_\_ **Associate** Any person who has had, and maintains, an interest in Environmental Health, or has retired from service in Environmental Health.  
**Annual Dues: \$20.00**

\_\_\_\_\_ **Student** Any full time student working towards a degree in Environmental Health or a related field.  
**Annual Dues: \$5.00**

\_\_\_\_\_ **Supporting** Any individual employed in a responsible position in an enterprise serving, or directly Related to the Environmental Health field.  
**Annual Dues: \$50.00**

\_\_\_\_\_ **Sustaining** Any company, corporation, or association of such firms with a general interest in and Desire to contribute to the objectives of the Association.  
**Annual Dues: \$100.00**