



## APPLICATION FOR MEMBERSHIP

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

Business/Organization Name: \_\_\_\_\_

Address to Send Association Mail: Please Check One      Home \_\_\_\_ Business \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone for Association Business: Please Check One      Home \_\_\_\_ Business \_\_\_\_

\_\_\_\_\_

Contact Email for Association Business: Please Check One      Home \_\_\_\_ Business \_\_\_\_

\_\_\_\_\_

INDICATE SECTION MEMBERSHIP PREFERRED:

\_\_\_ Environmental \_\_\_ Food \_\_\_ General

SERVICE LEVEL:

\_\_\_ \$20.00 Annual Membership Dues  
(January 1, 2018 to December 31, 2018)

\_\_\_ (No cost) Student Membership 2018

Please Send To:

**Beth Rowlands**

KEHA Treasurer  
P. O. Box 1969  
Lawrence, KS 66044

### Kansas Environmental Health Association

**Mission Statement:** *The objective of the Kansas Environmental Health Association is to promote competency and effectiveness in Sanitarians and other Environmental Health Professionals engaged in the regulation and management of the Kansas Environment.*