



## 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, 2017 to December 31, 2017)

\_\_\_ (No cost) Student Membership 2017

\_\_\_ (No cost) Emeritus Membership 2017

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.***