



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:

___ General Sanitation Section ___ Special Sanitation Section

SERVICE LEVEL:

___ \$20.00 Annual Membership Dues
(January 1, 2019 to December 31, 2019)

___ (No cost) Student Membership

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.*