



New Jersey Environmental Health Association

One Dag Hammarskjold Boulevard, Suite 6

Freehold, NJ 07728

732-845-0886 phone

732-845-0412 fax

www.njeha.org

2011 Membership Application

PLEASE PRINT CLEARLY

Name: _____

Title: _____

Agency: _____

Telephone: _____ Fax: _____

E-mail Address: _____

*PLEASE NOTE: e-mail address is now required.

Mailing Address (Address at which you wish to receive NJEHA mailings)

Directory Address (Address to be included in NJEHA Membership Directory)

I would like to receive the NJEHA Newsletter by: _____mail _____email (please choose one)

REHS License/Registration #: B - _____ Health Officer License/Registration #: A - _____

NEW: _____ or RENEWAL: _____

RENEWALS MUST BE RECEIVED DECEMBER 31, 2010 TO AVOID A LAPSE IN MEMBERSHIP BENEFITS

TYPE OF MEMBERSHIP:

Active: \$50.00 _____ **Life:** \$1000.00 _____ Year Paid: _____ (one-time only fee)

Student: \$10.00 _____ (written proof of full time matriculation must be submitted with application)

Retired: Waived _____ **Life (Past President):** Waived _____

Please complete application in its entirety, and return it to NJEHA with check or government purchase order made payable to "NJ Environmental Health Association" at the address listed below. Confirmation of membership will be sent via email.

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