



Illinois Environmental Health Association

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Instructions: **New members** please complete the entire form. **Renewing members**, please enter your name and any other information that has changed. **Members who are renewing with no changes**, please enter your name only.

New Member Renewing Member Renewing - No Changes

Name: _____

Employer: _____

Address: _____

City/State/Zip: _____

This is my home address This is my work address

Phone: _____ Fax: _____

Email: _____

Alternate Email: _____

I wish to receive a printed hard copy of the IEHA News by U.S mail rather than the electronic version by email.

License Type (for CEU Tracking):: LEHP LEHP in Training Professional Engineer

License Number: _____

Please mark your membership class: Active - \$45.00 Retired - \$15.00 *Student - \$5.00

* Students: Please submit a letter from your faculty advisor verifying that you are a student.

All applicants: Please return your completed application and check payable to **IEHA** to:

Illinois Environmental Health Association
ATTN: Membership
P.O. Box 7505
Rockford, Illinois 61126

Questions? Contact the IEHA office: Phone: (815) 977-5884 Fax: (866) 760-6873 Email: ieha2001@aol.com

For Office Use Only:

Date Received: _____ Check Number: _____ Amount: \$ _____

Notes: