



OEHA

OHIO ENVIRONMENTAL HEALTH ASSOCIATION

P.O. Box 234
COLUMBUS, OH 43216-0234
WWW.OHIOEHA.ORG

Membership Application

Name: _____ REHS/REHSIT#: _____

Title: _____

Home Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Employer Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Please send all correspondence to my (check one): Home Address Employer Address

Please indicate Membership Type & Dues (check One):

New Member: \$70.00

Active Member: \$70.00

Student Member: \$35.00

Sustaining Member (Business/Company): \$70.00

Life Member: \$0.00

Please indicate your District by Residence (check one):

Northeast

Northwest

Southwest

Southeast

George Eagle Scholarship Donation: _____ +Dues: _____ =Total: _____

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