



**OEHA**  
OHIO ENVIRONMENTAL HEALTH ASSOCIATION

10W Broad St Suite 200  
Columbus, OH 43215  
info@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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