



Massachusetts Environmental Health Association

APPLICATION FOR MEMBERSHIP

www.maeha.org

Name (Please Print):		
Mailing Address:		
E-mail:	Phone #:	Fax #:
What Board of Health, company, or organization do you work for?		
What is your job title?		
Application fee for one-year membership to end on June 30, 2018: <ul style="list-style-type: none"><input type="checkbox"/> \$40.00 for a regular membership<input type="checkbox"/> \$20.00 for a student membership (attach copy of student ID)<input type="checkbox"/> \$20.00 for a retired membership		

Mail form and check to: **MEHA**
PO Box 123
Milton, NH 03851

MEHA FID # is 04-25-76942

For additional information send e-mail to: resandler@metrocast.net