

# Membership Application

Full Name: \_\_\_\_\_ Designation (optional): \_\_\_\_\_

Position Title:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Type

Select your membership type below.

...Professional: Voting member who is active in the field of environmental health | \$100

...Emerging Professional: Student or within the first 5 years of environmental health

