



Florida Environmental Health Association

Protecting and promoting the health & safety of Florida's residents and visitors

Since 1947

Florida Environmental Health Association MEMBERSHIP APPLICATION and RENEWAL FORM

NAME _____

COMPANY _____

POSITION/TITLE _____

YOUR ADDRESS _____

(City) (State) (zip)

BUSINESS PHONE _____

E-MAIL _____

Are you currently a member of FEHA Yes No

ANNUAL DUES

Active	\$45	<input type="checkbox"/>
Student/Retired (must be full- time student)	\$15	<input type="checkbox"/>
Sustaining Membership (Corporate Membership)	\$250	<input type="checkbox"/>
Florida Journal of Environmental Health Subscription	\$25	<input type="checkbox"/>

Would you like to contribute to the FEHA Scholarship Fund? Yes, Donation _____ No

Signature _____ Date _____

SEND CHECK OR MONEY ORDER PAYABLE TO FEHA ALONG WITH THIS FORM
TO THE FOLLOWING ADDRESS:

FEHA 2153 Siesta Dr. Sarasota, FL 34239

Info@FEHA.org