

2010
MEMBERSHIP APPLICATION
WYOMING ENVIRONMENTAL HEALTH ASSOCIATION

Name: _____

Business Name: _____

Home Address: _____ City _____ Zip _____

Work Address: _____ City _____ Zip _____

Phone: Home _____ Office _____ Fax _____

E-mail Address _____

Position/Title: _____

Agency: _____

Counties/Cities Assignment Area: _____

Position Duties/Specialty Areas: _____

Are you a: Registered _____ Licensed _____ or Certified _____ Professional?

Are you a member of: NEHA _____ IAFP _____ Member of WEHA since: _____

Annual Dues: \$100.00 Sustaining Membership
\$20.00 Before, March 31, 2010
\$20.00 New Members
\$25.00 April 1, 2010 or later
\$5.00 Student Membership

Please return completed applications with dues to: Terri Leichtweis, Treasurer
100 Central Ave
Cheyenne, WY 82007

Please fill out forms completely.