



# Oregon Environmental Health Association

## MEMBERSHIP APPLICATION

**NAME:**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

**HOME ADDRESS:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**HOME PHONE:**

**WORK PHONE:**

**E-MAIL ADDRESS:**

**Employer:** *Government* *Industry* *Private Sector* (Please circle appropriate choice)

**EMPLOYER:**

**EMPLOYER ADDRESS:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Are you a registered, licensed or certified Environmental Health Specialist, Sanitarian, or Trainee? (Must provide for Active membership)**

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
STATE

\_\_\_\_\_  
REGISTRATION NUMBER

\_\_\_\_\_  
OTHER CERTIFICATION

Active/Associate Membership Fee \$40.00  
Student Membership Fee \$10.00  
Agency Membership Fee \$25.00

PLEASE MAKE CHECKS PAYABLE TO OREGON ENVIRONMENTAL HEALTH ASSOCIATION

MAIL APPLICATION TO: Jenifer George  
OEHA Treasurer/Member Services  
318 SW Harrison St.  
Sheridan, OR 97378

**Would you like a receipt?**

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR BOARD USE ONLY**

Action of Board of Directors: Approval: \_\_\_\_\_ Denial: \_\_\_\_\_ Type of Membership: \_\_\_\_\_

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

## Membership Status

Four (4) classes of membership with voting privileges, designated as Active, Associate, Life and Retired; and four (4) classes of non-voting membership, designated as Student, Honorary, Sustaining, and Agency.

**Active Membership** - Have a bachelor's degree with a minimum of forty-five (45) quarter hours or equivalent semester units in the physical, and/or biological, and/or environmental health sciences AND/OR have a current registration and/or are eligible for registration as a Registered Sanitarian in Oregon and/or have a current registration as a Registered Sanitarian (R.S.) and/or Registered Environmental Health Specialist (REHS) with the National Environmental Health Association, AND employed at the time of membership in the environmental health field as defined in "The Future of Environmental Health" and/or as defined for membership in the National Environmental Health Association AND Is in accord with the philosophy, principles, policies and objectives of OEHA and agrees to adhere to the same. Voting privileges are included.

**Associate Membership** - Does not meet requirements for regular membership AND referred for membership by the Membership Committee. Voting privileges are included.

**Student Membership** - Does not meet requirements for regular or associate membership AND/OR is registered as a student in a college or university undergraduate or graduate program leading toward a degree in environmental health and protection, and/or sanitary science, and/or public health and/or a related academic discipline as determined by the Board of Directors AND referred for membership by the Membership Committee.

**Agency Membership** - conferred on any non-profit organization or institution, or official agency expressing interest in the field of environmental health and such membership is in accord with the philosophy, principles, policies, and objectives of OEHA and agrees to adhere to the same. The Director of the member organization or delegated representative may represent the agency at any event.

Please contact OEHA directly for information regarding Life, Retired, Honorary, and Sustaining membership.