



# ENVIRONMENTAL HEALTH SECTION

## Application for Membership

*JULY 1, 2009- JUNE 30, 2010*

**ANNUAL SECTION DUES: \$5.00**

Please note that section dues are **in addition to** EDNCPHA dues.

**Name:** \_\_\_\_\_ **RS#** \_\_\_\_\_

**Check your Membership Status:**       **New Member**       **Life Member**  
 **Renewing Member**       **Honorary Member**

**Organization/County:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Courier #:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Are you eligible for a Life Membership?**  **YES**       **NO**  
(Life membership requires retirement on or before December 31, 2008, 20 years of service in public health, and past membership in Environmental Health Section EDNCPHA)

**Are you eligible for a membership fee waiver?**  **YES**       **NO**  
(Any EHS who is currently an intern during the 2009-2010 membership year.)

---

**Please send completed application with check or money order made payable to:**

**Environmental Health Section EDNCPHA**

Mail to: Cheryl Slachta, Treasurer  
Div of Environmental Health  
Environmental Health Services  
249 DT Road  
Ahoskie, NC 27910