



*Illinois Environmental Health Association*

# 2023 Membership Application

*Instructions: New members please complete the entire form. **Renewing members**, please enter your name and any other information that has changed. **Members who are renewing with no changes**, please enter your name only.*

*You can also join or renew online at: <http://iehaonline.org>*

New Member     Renewing Member     Renewing Member - No Changes

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

This is my home address     This is my work address

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

IEHA tracks your CEUs. Please print your license number below:

\_\_\_\_\_

Please mark your membership class:  Active - \$55.00     Retired - \$15.00     \*Student - \$5.00

*\*Students: please submit proof of your current full-time college or university student status*

*All applicants: Please return your completed application and check payable to **IEHA** to:*

*Illinois Environmental Health Association  
ATTN: Membership  
P.O. Box 164  
Wauconda, Illinois 60084*

**Questions? Contact the IEHA office: Phone: (847) 886-7008 Fax: (847) 416-4749 Email: [office@iehaonline.org](mailto:office@iehaonline.org)**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Notes: