

**APPLICATION FOR  
HONORARY LIFE MEMBERSHIP**

**TO THE  
TEXAS ENVIRONMENTAL HEALTH ASSOCIATION**

*Honorary Life Membership may be awarded retired members who have been active in the Association for a period of 10 years or more or active members who have performed the meritorious service and outstanding work in the field of Environmental Health. This membership will entitle them to full voting rights without further payment of annual dues.*

NAME OF NOMINEE: \_\_\_\_\_

ADDRESS OF NOMINEE: \_\_\_\_\_

CITY: \_\_\_\_\_ TEXAS ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

LAST EMPLOYER: \_\_\_\_\_ DATE OF RETIREMENT: \_\_\_\_\_

YEARS OF SERVICE IN ENVIRONMENTAL HEALTH: \_\_\_\_\_

YEARS OF MEMBERSHIP IN ENVIRONMENTAL HEALTH ASSN: \_\_\_\_\_

MEMBERSHIP IN TEHA: \_\_\_\_\_ CHAPTER  
(NAME OF)

MEMBERSHIP VERIFIED BY CHAPTER PRESIDENT/SECRETARY: \_\_\_\_\_

**OFFICES OR CONTRIBUTIONS TO THE TEXAS ENVIRONMENTAL HEALTH ASSOCIATION**

PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**NOMINATION BY CHAPTER** \_\_\_\_\_ **NOMINATION BY AWARDS COMMITTEE** \_\_\_\_\_

**APPROVAL BY CHAPTER PRESIDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature

**APPROVAL BY AWARDS COMMITTEE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature of Executive Secretary

**CERTIFICATE ISSUED** \_\_\_\_\_ **DATE** \_\_\_\_\_