Texas Environmental Health Association  
“Serving Sanitarians and Environmental Health Professionals in Texas since 1956”  
Office (806)855-4277  
www.myteha.org

Application for Membership

[ ] New Member  [ ] Renewal

Name ____________________________________________

Preferred mailing address: Indicate if the address below is  [ ] Business or  [ ] Resident

Address___________________________________________ Suite/Apt_________

City __________________________ State _________ Zip-code________

Telephone (Daytime)(____)_________________________ e-mail ______________________

Employer __________________________________________

Class of Membership (please check)

[ ] Student ............................................................ $20.00  
Members actively pursuing a degree in environmental or public health or related area

[ ] Retired ........................................................................ $20.00  
Any individual who has been an active association member for five or more years and has retired and not gainfully employed.

[ ] Active .............................................................. $50.00  
Members actively engaged in the work of a Sanitarian or Environmental Health Professional

[ ] Associate ............................................................ $50.00  
Anyone interested in the field of environmental, consumer, or public health but who may not be active in the field.

[ ] Fellow (Additional application form required for 1st time applicant.) ............ $60.00  
Member for at least 5 years who is recognized as an outstanding Environmental Health Professional

[ ] Sustaining .................................................................. $300.00  
Any business, firm, or corporation expressing an interest in the Association and its objectives

[ ] Life (Additional application form required for 1st time applicant) .................. $500.00  
Member for at least 5 years, application, and approval by Governing Council

Chapter Affiliation (please check one)

 North Texas [ ] South Texas [ ] Panhandle/West Texas [ ]

 East Texas [ ] Gulf Coast [ ] Central Texas [ ]

Memberships will expire one year from application.

Signature of Applicant ____________________________ Date _____________

Return this application and Fee to:  Jodie Halter, MS, RS  
Executive Director  
Texas Environmental Health Association  
PO Box 889  
Wolfforth, Texas  79382

08/2014