

**National Conference of Local Environmental Health Administrators**

<http://www.ncleha.org>

**Membership Application Form**

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

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

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

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZipCode:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZipCode:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Preferred mailing address:** \_\_\_ Home \_\_\_ Work

**Reference:** \_\_\_\_\_

**Reference's Agency:** \_\_\_\_\_

**Academic Degree(s) & Institution(s):** \_\_\_\_\_

\_\_\_\_\_

**Membership Category:** *(Please check one)* \_\_\_ Active (\$25.00/year) \_\_\_ Associate (\$25.00/year)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please mail this application form and your dues payment to:*

Charels D. Treser, Treasurer  
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Department of Environmental Health  
P.O. Box 357234  
Seattle, WA 98195-7234  
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