

# FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION



2153 Siesta Dr.  
Sarasota, FL 34239  
Info@FEHA.org  
Tax ID: 59-6204888



## HEALTH AGENCY MEMBERSHIP APPLICATION FORM

- |                                                         |                         |            |
|---------------------------------------------------------|-------------------------|------------|
| <input type="checkbox"/> Platinum Tier                  | 40 Employee Memberships | \$1,500.00 |
| <input type="checkbox"/> Gold Tier                      | 25 Employee Memberships | \$1,000.00 |
| <input type="checkbox"/> Silver Tier                    | 15 Employee Memberships | \$ 600.00  |
| <input type="checkbox"/> Additional Memberships over 40 | # @ \$37.50             | _____      |
| <input type="checkbox"/> Memberships less than 15       | # @ \$45.00             | _____      |

**TOTAL ENCLOSED** \$ \_\_\_\_\_

AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

COUNTY: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
(name) (title)

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_

Is your Health Agency a member of the Florida Public Health Association (FPHA)? Yes No

Is your Health Agency a member of the National Environmental Health Association (NEHA)? Yes No

**Include a list of all the members you are registering under this membership. Include their name, email address, and phone. We may need to contact these individuals to complete the member registration process.**