

FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION

5101 Ortega Boulevard
Jacksonville, FL 32210-8305
Email: fehaexedir@aol.com
Fed ID#596-20-4888

HEALTH AGENCY MEMBERSHIP APPLICATION FORM

- | | | |
|----------------------------------------|-------------------------|-------------------------------------|
| <input type="checkbox"/> Platinum Tier | 40 Employee Memberships | \$1,500.00 (\$37.50 per individual) |
| <input type="checkbox"/> Gold Tier | 25 Employee Memberships | \$1,000.00 (\$40.00 per individual) |
| <input type="checkbox"/> Silver Tier | 15 Employee Memberships | \$ 600.00 (\$40.00 per individual) |

AGENCY: _____

MAILING ADDRESS: _____
(street) (city) (state) (zip)

COUNTY: _____

CONTACT: _____
(name) (title)

Office # _____ Suncom # _____

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

Amount Enclosed: \$ _____

A completed FEHA Individual Membership Application Form must be submitted for each individual employee being enrolled under a Health Agency Membership. On the form, for membership type, have the person choose which Tier your agency is signing up under:

(Platinum, Gold, or Silver).

This form is available

on our website: http://www.feha.org/form_newmember.htm

