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

HEALTH AGENCY MEMBERSHIP APPLICATION FORM

☐ Platinum Tier
☐ Gold Tier
☐ Silver Tier
☐ Additional Memberships over 40
☐ Memberships less than 15

<table>
<thead>
<tr>
<th>Platinum Tier</th>
<th>40 Employee Memberships</th>
<th>$1,500.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Tier</td>
<td>25 Employee Memberships</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Silver Tier</td>
<td>15 Employee Memberships</td>
<td>$ 600.00</td>
</tr>
<tr>
<td>Additional Memberships over 40</td>
<td># @ $37.50</td>
<td></td>
</tr>
<tr>
<td>Memberships less than 15</td>
<td># @ $45.00</td>
<td></td>
</tr>
</tbody>
</table>

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.