

Massachusetts Environmental Health Association

APPLICATION FOR MEMBERSHIP

WWW.MAEHA.ORG

Name (Please Print):			
Mailing Address:			
E-mail:		Phone #:	
Web address:		Fax #:	
(1) What Board of Health, company, or organization do you work for?		(2) MEHA shares its mailing list with other organizations that also sponsor seminars (i.e., MHOA, MAHB, MDPH, MDEP, etc.). May we give your name and mailing address to organizations like these? <input type="checkbox"/> Yes, include me on their mailing lists <input type="checkbox"/> No, I do not want my information shared	
(3) Which of the following GROUP learning styles do you prefer? Please choose up to three (3). <input type="checkbox"/> Luncheon seminar with one speaker <input type="checkbox"/> Half-day seminars with multiple speakers <input type="checkbox"/> Full-day seminars with multiple speakers <input type="checkbox"/> Multi-day conferences with multiple speakers <input type="checkbox"/> Part-time courses with instructors <input type="checkbox"/> Full-time courses with instructors <input type="checkbox"/> Other _____		(4) Which of the following SELF-TAUGHT learning styles do you prefer? Please choose up to three (3). <input type="checkbox"/> Self-study reference books and guides <input type="checkbox"/> Video tapes <input type="checkbox"/> DVD disks <input type="checkbox"/> On-line internet training courses <input type="checkbox"/> Internet video-conferencing <input type="checkbox"/> Satellite video/audio/data broadcast links <input type="checkbox"/> Other _____	
(5) Where would you like MEHA seminars to be held? <input type="checkbox"/> Boston area, inside Route 128 <input type="checkbox"/> Northeastern Massachusetts <input type="checkbox"/> Southeastern Massachusetts <input type="checkbox"/> Mid-state along Route 495 <input type="checkbox"/> Worcester area <input type="checkbox"/> Western Massachusetts <input type="checkbox"/> Other _____		(6) What topics do <u>you</u> want seminars to cover?	
Application fee for one-year membership to end on June 30: <input type="checkbox"/> \$25.00 for a regular membership <input type="checkbox"/> \$20.00 for a student membership (attach copy of student ID) <input type="checkbox"/> \$20.00 for a retired membership			

Mail form and check to: MEHA, PO Box 2184, Woburn, MA 01888 ← ← ← **New address for 2010!**

MEHA FID # is 04-25-76942

For additional information send e-mail to: membership@mehaonline.net