

Associate and Organization/Consultant

MEMBERSHIP APPLICATION

NAME:	DATE:	
TITLE & ORGANIZATION:		
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	PHONE:	
Applicant Signature: Applicant, attach a resume or short biography and headshot so we can get to know you. Thank you!		
■ Name & signature of Nominating CCDEH Director:		
■ Please include payment of fee: ASSOCIATE MEMBERSHIP FEE: \$480.00 per year CONSULTANT/ORGANIZATION FEE: \$480.00 per year (non-profit) CONSULTANT/ORGANIZATION FEE: \$913.00 per year (for profit)		

- An Associate Membership category is limited to program managers and supervisors of a local California environmental health service delivery organization. Membership runs July 1- June 30.
- A Consultant/Organization category is limited to a representative of a business that serves CCDEH or its members or a local, state, tribal or federal agency or organization in the field of environmental health.

Please circle your Primary Committee area of interest: Food Safety; Hazardous Materials/Waste; Emergency Preparedness; Solid Waste; Community E. H.; IT - Data Management; Water & Land Use

Return to CCDEH for Approval:

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