

Who and What is IEHA

The Indiana Environmental Health Association (IEHA) is a non-profit organization of environmental health professionals who work to control and monitor environmental hazards to attain optimum human health.

Members may be employed by federal, state and local governments, schools, medical care facilities, industries, trade organizations, solid waste districts and are educators and students of environmental health.

IEHA works closely with other environmental and public health protection agencies and departments.

Membership Benefits

- ◆Registration fees for the annual spring and fall educational conferences are lower for members. These meetings provide timely information on a broad spectrum of public and environmental health issues.
- ◆Journal of Environmental Health, the official publication of the Association, is published three (3) times per year. It contains articles on current environmental issues and is available from IEHA's website at www.iehaind.org.
- ◆Opportunity to network with peers at local chapter meetings.
- ◆Promotes and supports registration, continuing education and training of professionals.
- ◆Provides scholarship assistance is available from IEHA to support its members who elect to participate in continuing education and training.
- ◆Affiliated with the National Environmental Health Association, Inc. (NEHA) and the International Association for Food Protection (IAFP) to ensure and support national professional standards

Classes of Membership

“Active Membership” is offered to those employed full-time in environmental health, or other related activities as approved by the Executive Board. Membership may also be granted by the Executive Board to persons employed part-time in environmental health.

“Associate Membership” is available to individuals expressing an interest in the field of environmental health, who desire to receive the Association's publications and other privileges as approved by the Executive Board.

“Honorary Membership” shall be composed of persons who, in recognition of their substantial contribution to the objectives of this Association, have been selected by the membership through its Executive Board to receive this designation.

“Lifetime Membership” may be awarded by the Executive Board to any member provided the member has been an active member of the Association for at least ten (10) years and has retired due to age or disability. Lifetime members do not pay dues.

“Retired Membership” is available to any active member who retires from employment in the field of environmental health, when approved by the Executive Board, and with the continued payment of membership dues.

“Student Membership” shall be composed of students enrolled full time in environmental health, public health, or related courses of study at an accredited college or university and who have an interest in the objectives and purposes of the Association.

“Sustaining Membership” shall be composed of persons, agencies, not-for-profit organizations, companies, or corporations which promote the objectives and purposes of IEHA, and desires to contribute to the Association's efforts. Each sustaining member shall be entitled to one vote.

Indiana Environmental Health Association Inc.



IEHA
P.O. Box 457
Indianapolis, IN 46206-0457
www.iehaind.org

Membership Means...

- Promoting Public and Environmental Health in Indiana.
- The opportunity to cooperate and participate with other professional groups and organizations and your peers.
- The opportunity to disseminate information concerning the protection and control of any and all factors of the physical environment.
- The opportunity to participate in and to assist and encourage the professional development and technical proficiency of all personnel working in the field of environmental health.

MEMBERSHIP DUES

(www.iehaind.org)

Type	Timeframe	Dues
Active	Before 1/31	\$40.00
	2/1 thru 12/31	\$60.00
New Members	Before 4/1	\$30.00
	4/1 thru 6/30	\$25.00
	7/1 thru 12/31	\$20.00
Retired	Before 1/31	\$30.00
	2/1 thru 12/31	\$45.00
Student	Before 1/31	\$20.00
	2/1 thru 12/31	\$30.00
Sustaining Non-for-Profit	1/31 thru 12/31	\$40.00
Sustaining	1/31 thru 12/31	\$150.00
Sustaining With Web link	1/31 thru 12/31	\$200.00

(Student members must be enrolled full time in environmental health, public health or related courses of study at an accredited college or university.)

Code of Ethics

As a member of the Indiana Environmental Health Association, Inc. I recognize that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, cultural background, economic or social condition, and I further acknowledge that:

1. I have an obligation to foster the advancement of public and environmental health. I will uphold the standards of my profession; continually search for truths and disseminate my findings; and I will strive to keep myself fully informed of the scientific developments in the fields of public and/or environmental health.
2. I have an obligation to the public, employers and clients, whose trust I hold and I will endeavor to the best of my ability to guard their interests honestly and wisely.
3. I am obliged to avoid real or perceived conflicts of interest whenever possible through the performance of my duties and responsibilities and to disclose them to affected parties when they do exist.
4. I will accept responsibility in making decisions consistent with the safety, health, and welfare of the public, and to disclose promptly the factors that might endanger the public or the environment.
5. I will be honest and realistic in stating claims or estimates based on available data.
6. I will reject bribery in all its forms.
7. I will seek to improve my understanding of technology, its appropriate application and potential consequences.
8. I will seek to maintain my technical competence through continuing education.
9. I will uphold the IEHA Constitution and By-Laws and will at all times conduct myself in a manner worthy of my profession. My membership constitutes a realization of my personal responsibility to actively discharge these obligations.

Name: _____

Home Address _____ City _____ State _____ Zip Code _____

Employer: _____

Business Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____

Business Telephone: _____

Fax: _____

Chapter: _____

E-Mail: _____

College or University Attended: _____

Sponsoring Member: _____

Sustaining Member's

Contact Name for Business: _____

**Business URL: _____

Do we have your permission to use your business contact information in an Association on-line membership directory?
 Yes No

Total Remitted: _____

Return this form with remittance to:

IEHA,
P.O. Box 457
Indianapolis, IN 46206-0457

Any Questions contact Tami Barrett:

317-233-7168 (day) or
317-797-3255 (cell)