

Indiana Environmental Health Association  
Award Application

**IEHA Emeritus Service Award (OR) Lifetime Membership Award**

Name of Nominee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Length of Active Membership in IEHA: \_\_\_\_\_ years.

**Employment History:**

Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Positions Held: \_\_\_\_\_

State / Chapter Offices held, and Committees served on including the years:

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What significant contributions has this person made to the Indiana Environmental Health Association to be considered for this award?

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**Please limit your comments only to the questions given above.**

**Person submitting this application:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

*(NOTE: The Awards Committee will consider all candidates for both awards and make its decision based upon the eligibility requirements.)*

The deadline for submitting all nominations is July 15<sup>th</sup>! If necessary, use an additional page but the submission shall not be more than two pages.