

**Indiana Environmental Health
Association
Award Application
Lifetime Membership Award**

Name of Nominee: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Length of Active Membership in IEHA: _____ Years.

What years were the applicant an active member of IEHA? (i.e., 1992-2014): _____

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

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

Please limit your comments only to the questions given above.

Person submitting this application:

Name: _____ Telephone: _____

Address: _____ City: _____ St: ___ Zip: _____

**If necessary, use an additional page but the submission shall not be more than two pages