



West Virginia Association Of Sanitarians

Application for Membership

Name: _____ Title: _____

Business or Agency Name: _____

Business Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Are You Employed in Environmental Health in West Virginia: Yes _____ No _____ Year Started _____

If you do not work in West Virginia or in Environmental Health describe how your employment relates to Environmental Health:

Year Started: _____

Please submit application and dues, payable to:
West Virginia Association of Sanitarians
Attn: VJ Davis
PO Box 334
Kingwood, WV 26537

Dues are \$15.00 if paid on or before April 1st and \$20.00 if paid thereafter.