

*Please share this Membership Form with other health educators!*

**IOWA HEALTH EDUCATORS  
ASSOCIATION  
MEMBERSHIP FORM**

**IHEA Membership Year – September 1 to August 31**



*Please check applicable status:*

Name _____	<input type="checkbox"/>	Student.....	\$25
Home Address _____	<input type="checkbox"/>	Educator .....	\$25
Home City/State/Zip _____	<input type="checkbox"/>	Retired Educator Lifetime Membership.....	\$50
School/Agency _____	<input type="checkbox"/>	Facility/Agency Representative .....	\$25
School/Agency Address _____	<input type="checkbox"/>	NEW	<input type="checkbox"/> RENEWAL
School/Agency City/State/Zip _____			
Phone (____) _____			
Alt. Phone (____) _____			
E-mail _____			
Alternate E-mail _____			

*Check here if there has been a recent change in the above information.*

Mail this form and your check (payable to IHEA)—sorry, no invoices please, to:

Lauri Hughes  
6301 Kirkwood Blvd. SW  
Cedar Rapids, IA 52406

*NOTE: Your membership fee pays for your IHEA and IACTE membership.  
IACTE - Iowa Association of Career & Technical Educators*