



**EOHSA**

Date \_\_\_\_\_

**Environmental and Occupational Health  
Student Association**

Membership Form - Fall—Spring \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Membership Type:
- One Semester \$12
  - CSUN Student \$20
  - Non-student \$40

Amount Total: \$ \_\_\_\_\_

**To better serve and maximize your benefits please indicate which of the following best interests you.**

- Internships/Jobs/Research
- Networking
- Advocating environmental/occupational issues
- Social Events
- Professional Conference/Lectures

Please email comments/suggestions to [csuneohsa@gmail.com](mailto:csuneohsa@gmail.com)

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Receipt**

**Date:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

EOHSA Officer Signature: \_\_\_\_\_

Amount Total: \$ \_\_\_\_\_

*Membership fees are due 10 days after submission of application. Deposits are not refundable. Confirmation will be sent to you through email after completion of payment.*

**Keep receipt for your records**



**EOHSA**

Date \_\_\_\_\_

**Environmental and Occupational Health  
Student Association**

Membership Form - Fall—Spring \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Membership Type:
- One Semester \$12
  - CSUN Student \$20
  - Non-student \$40

Amount Total: \$ \_\_\_\_\_

**To better serve and maximize your benefits please indicate which of the following best interests you.**

- Internships/Jobs/Research
- Networking
- Advocating environmental/occupational issues
- Social Events
- Professional Conference/Lectures

Please email comments/suggestions to [csuneohsa@gmail.com](mailto:csuneohsa@gmail.com)

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Receipt**

**Date:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

EOHSA Officer Signature: \_\_\_\_\_

Amount Total: \$ \_\_\_\_\_

*Membership fees are due 10 days after submission of application. Deposits are not refundable. Confirmation will be sent to you through email after completion of payment.*

**Keep receipt for your records**