



Membership Application

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: _____ Fax: _____ Home Phone: _____

Email Address: _____ Web Site: _____

Occupation

- Administrator
- Health Educator
- Nutritionist/Dietitian
- Physician/Dentist
- Dental Hygienist
- Nurse
- Pharmacist
- Social Worker/Counselor
- Outreach Worker
- Teacher
- Clerical/Secretarial
- Respiratory Therapist
- Student
- Surveyor/Monitor
- Professor/Faculty
- Technician
- Site Coordinator
- Researcher
- Other: _____

Work Setting

- Hospital
- Primary Care Center
- Private Practice
- County Agency
- State Agency
- Community Agency/Program
- Elementary/Secondary Education
- Higher Education
- Self-Employed
- Voluntary Agency
- Unemployed
- Other: _____

Interested Committees

- Conference
- Planning
- Professional Development
- Organizations and Coalitions
- Public Awareness
- Membership
- Regional
- Representative
- Legislative
- Board of Directors

The SHEC Membership Year is July 1 through June 30. The cost of an individual membership is \$15 per year. The fee to joining after January 1 is \$7.50. Please complete and print the application. Enclose a check and mail to SHEC, PO Box 1003, Dunbar, WV 25064. Questions? 304-558-6413