

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

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

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

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

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