



785.296.7477 or www.HIEHeartland.org

APPLICATION FOR MEMBERSHIP

Our Mission:

It is the mission of the Healthy Indoor Environments Coalition of the Heartland to lay the foundation for proactive change to affect the health and quality of indoor environments for all population sectors. It is our vision to provide standardized indoor environmental resources and information to a network of health, education, environmental, government, public and private organizations. It is also our goal to assist them in education and training about the health of indoor environments in the effort to empower each community to seek and support governance changes in indoor environmental policy.

MEMBERSHIP CATEGORIES AND DUES	
Instructions: Mark a box in the left side column to indicate the category of membership under which you are submitting this application. All applicants shall have an interest in the advancement of the Coalition's aims, and shall possess sufficient qualifications to cooperate with the members in the advancement of the knowledge relating to indoor environmental quality and its application.	Annual Dues
Individual Member: Open to any person with an interest in the subject of healthy indoor environments	\$25
Student Member. Open to persons enrolled in a full-time course of study, or whose primary pursuit is a post graduate degree, in a university, college, junior college, or technical institute.	\$10
Group Member. A Group Member is any business/government/academic entity. Each Group Member may, if they choose, appoint one representative as its official designate to the HIEC for purposes of voting on coalition matters and to whom correspondence shall be addressed. Employees of Group Members may apply for Individual-Affiliate Membership to receive HIEC mailings and be separately identified in HIEC member rosters and directories.	\$100
Scholarship Membership. Open to any person with an interest in the subject of healthy indoor environments but who can not afford the membership fee. Scholarship must be approved by the HIEC Board.	waived

Name and Title _____

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

PAYMENT INFORMATION

Check enclosed for \$ _____ made payable to HIEC.

Purchase Order # _____

Visa MasterCard American Express Amount authorized to charge USD \$ _____

Card # _____ Exp. Date _____

Signature _____ Date _____

Mail Payment to:
HIEC Heartland
P.O. Box 414030
Kansas City, MO 64141

PLEASE COMPLETE THE ATTACHED MEMBER INFORMATION PAGE

CURRENT AFFILIATION OR DISCIPLINE

Please choose the top three areas which closely describes the work performed by you/your company. Write in numbers corresponding to the categories below:

First _____ Second _____ Third _____

- | | | |
|-------------------------------------|----------------------------------|--------------------------------------|
| 1. Design Professional/Engineer | 6. Business Services | 12. Laboratory Services |
| 2. Facilities Operations/Mgmt | 7. Academia | 13. Health & Safety Professional |
| 3. Restoration/Cleaning/Remediation | 8. IAQ Practitioner/Investigator | 14. Product Distributor/Manufacturer |
| 4. Legal | 9. Contractor (including HVAC) | 15. Insurance/Risk Management |
| 5. Medical | 10. Facility Services | Other _____ |
| | 11. Government/Association | |

WORK EXPERIENCE

Please briefly describe your work in the indoor environmental field and/or the work performed by your company.

ELECTRONIC COMMUNICATION PREFERENCES

Check one option for each item below

- | Yes | No | (check one option for each item below) |
|-------|-------|--|
| _____ | _____ | I wish to receive e-mail from HIEC about new indoor environmental health developments, legislative activities, and IAQA membership programs. |
| _____ | _____ | I wish to receive e-mail from HIEC-approved Course Providers about upcoming training programs. |
| _____ | _____ | I wish to receive e-mail from fellow HIEC members, including product and service providers. |

SUBMITTAL

On behalf of the applicant named herein, I attest that to the best of my knowledge the information provided herein is accurate and there are no false claims to my qualifications, education, or work experience. If accepted as a member of HIEC, I/we agree to abide by the bylaws and other governing rules of the organization.

Signature (required) _____ Date _____