

**Central North Carolina  
Environmental Health Supervisors' Association  
2013 Membership Application**

(Please Print Legibly)

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**County of Employment:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_

**Employer Telephone Number:** \_\_\_\_\_

**Employment Fax Number:** \_\_\_\_\_

**Employment E-mail:** \_\_\_\_\_

**Membership Payment:**      Cash \_\_\_\_\_      Check \_\_\_\_\_ # \_\_\_\_\_  
(Dues \$5.00)

**Mail Application/Payment To:**

Connie J. Pixley  
Environmental Health Supervisor  
Food & Lodging Section  
Orange County Health Department  
P O Box 8181 131 W Margaret Ln.  
Hillsborough, NC 27278

Office Use Only:

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_