



Environmental Assessment Association (EAA)

P.O. Box 879, Palm Springs, CA 92263

Phone: 877-743-6806 Fax: 760-327-5631

www.eaa-assoc.org info@eaa-assoc.org

2020 Membership Renewal

Member Name: _____

Check the appropriate earned designation(s):

- | | | | |
|----------------------------|------------------------------------|---|-----------|
| <input type="radio"/> CEI | Certified Environmental Inspector | <input type="radio"/> 1 Designation | \$ 225.00 |
| <input type="radio"/> CEM | Certified Environmental Manager | <input type="radio"/> 2 Designations | \$ 245.00 |
| <input type="radio"/> CES | Certified Environmental Specialist | <input type="radio"/> 3 Designations | \$ 265.00 |
| <input type="radio"/> CEC | Certified Environmental Consultant | <input type="radio"/> 4 Designations | \$ 285.00 |
| <input type="radio"/> CMI | Certified Mold Inspector | <input type="radio"/> 5 Designations | \$ 305.00 |
| <input type="radio"/> CMS | Certified Mold Specialist | <input type="radio"/> 6 Designations | \$ 325.00 |
| <input type="radio"/> CTS | Certified Testing Specialist | <input type="radio"/> 7 Designations | \$ 345.00 |
| <input type="radio"/> CRS | Certified Remediation Specialist | <input type="radio"/> 8 Designations | \$ 365.00 |
| <input type="radio"/> CAQS | Certified Air Quality Specialist | <input type="radio"/> 9 Designations | \$ 385.00 |
| | | <input type="radio"/> Industry Member | \$ 195.00 |
| | | <input type="radio"/> Retired | \$ 95.00 |

Questions? Call the National Association Headquarters at **877-743-6806**

Please return this form with your payment. Let us know if you have any changes to your contact information.

Mail this form with your check to:
Environmental Assessment Association (EAA)
P.O. Box 879
Palm Springs, CA 92263
 Or fax this form with your credit card information
 to:
760-327-5631

Name as it appears on CC: _____ Security Code: _____

Credit Card Billing Address: _____

Phone: _____ Fax: _____

E-mail: _____

VISA MasterCard AMERICAN EXPRESS # _____ Exp: ____ / ____

I authorize my credit card to be processed to renew my Association Membership

Signature: _____ Date: ____ / ____ / ____

Thank you for your Renewal!