

### Affiliate Annual Report for Calendar Year 2023

(Complete Attachment B to be considered for one or more 2024 Affiliate Awards.)

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at: <a href="mailto:ssmith@foodprotection.org">ssmith@foodprotection.org</a>.

cor	ase return the following items electronically by Tuesday, March 5, 2024 (late reports will not be isidered for awards): QUIRED:
	This completed form (in English). Yes
	Your Association's list of current term officers (complete Attachment A). Not including because membership is calendar year – January 1 to December 31, 2024.
OP.	TIONAL:
	Attachment B: Completion required <b>only</b> if your Association requests to be considered for one or more Affiliate Awards.
	IAFP now accepts <b>all</b> Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee. To avoid errors and omissions, please limit your submission to ONE email with all attachments.
	Digital photos (with names and descriptions) to appear in the Affiliate View quarterly newsletter.

### Name of Affiliate

Indiana Environmental Health Association, Inc.

### 1. Your Official Delegate to IAFP Affiliate Council and Contact

Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member**.

#### Official Delegate to IAFP Affiliate Council

Amanda Deering
Purdue University – Dept. of Food Science
745 Agriculture Mall Drive
West Lafeyette, IN 47907
765-586-7544 (cell)
adeering@purdue.edu
IAFP Member? Y □ N ☒

Official Contact for Delegate) SAME	IAFP Correspondence (indicate "same" if person also serves as
IAFP Member? Y ⊠	N□

### 2. Membership List

- a. Indicate the current total number of members in your Association: 407
- b. How many NEW members joined your Association in 2023? 10

# 3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.
   April 13, 2023 IEHA Annual Spring Educational Meeting Indianapolis (115 attendees)
   September 25 to 27, 2023 IEHA Annual Fall Educational Meeting Muncie (210 attendees)
- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

  April 25, 2024 IEHA Annual Spring Educational Meeting Greenwood

  September 23 to 25, 2024 IEHA Annual Fall Educational Meeting Bloomington
- c. List all other general membership meetings held in 2023 (excluding board meetings). Include title, dates and attendance numbers.

Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees

## 4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2023. Include name of award and qualification for award.

Wabash Valley Chapter	Harry E. Werkowski Memorial Chapter Award
Claudine Dollinger	Rookie of the Year Award
Gretchen Quirk	Environmental Health Specialist of the Year Award
Joann Xiong Mercado	Tim Sullivan Memorial Award
Rosy Hansell, Patricia Thomas, Donna Kueber & Christian Borowiecki	Lifetime Membership Awards

b. List scholarships awarded during 2023; include recipient and qualification for scholarship.

COPED - \$275	Kacie Schenck - COPED Application
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
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Scholarship Name/Amount	Recipient Name and how did recipient qualify?

### 5. Web Communication

Please be sure to keep the IAFP office on your mailing list for newsletters, email, and other communications to your general membership.

Please provide your	existing A	Affiliate's	Web site	address	<u>AND</u>	date l	last upo	dated:
www.iehaind.org								

Did you launch a new	<b>Affiliate</b>	Weh site in	20232	$\vee \sqcap$	NI I	$\nabla$
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### Attachment A (completion required)

#### **Association Officers List**

Officer Title

Address 1

Address 2

Officer Name

Phone Number

Email address

City, State ZIP Country

IAFP Member? Y □ N □

Provide the contact information requested below for all current officers of your Association. Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members). The information you provide here is published on our website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2023–2024) for your current Executive Board: See attached list

January 1 to December 31, 2024 Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □ Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □ Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □

Officer Title

Address 1

Address 2

Officer Name

Phone Number

Email address

City, State ZIP Country

IAFP Member? Y □ N □

Before continuing, please check one of the boxes below:

☐ CHECK HERE and return electronically by 3/5/24 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2024 AFFILIATE AWARDS. (You are required to complete Attachment B.)

☑ CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2024 AWARD. (You are done! It is not necessary to complete Attachment B.)

# Indiana Environmental Health Association, Inc. 2024 Officers

PRESIDENT:

Krista Click

Hendricks County Health Department

355 South Washington Street

Danville, IN 46122 317-718-6008

kclick@co.hendricks.in.us

PRESIDENT-ELECT:

Andrew Pappas

Indiana Department of Environmental Management

100 North Senate Avenue Indianapolis, IN 46204

317-234-5794

atpappas@idem.in.gov

**VICE PRESIDENT:** 

Zak McKinley

Clark County Health Department

1201 Wall Street Jeffersonville, IN 47130

812-282-7521

zmckinley@clarkcounty.in.gov

TREASURER:

Gretchen Quirk

Marion County Public Health Department

3838 North Rural Street Indianapolis, IN 46205

317-221-2281

grquirk@marionhealth.org

SECRETARY:

Lisa Chandler

Hendricks County Health Department 355 South Washington Street, G30

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Ichandler@co.hendricks.in.us

**AUDITORS:** 

Doug Mathis

Henry County Health Department Henry C

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Shalei Hunt

Henry County Health Department

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IAFP DELEGATE:

Amanda J. Deering

Clinical Assistant Professor

Purdue University – Department of Food Science

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