

Virtual Section Membership Form

General Information

FIRST NAME	MI	LAST NAME	SUFFIX (Sr., Jr.)
TITLE			
COMPANY NAME			
STREET ADDRESS			SUITE/APT
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PREFERRED PHONE		<input type="radio"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
WORK EMAIL			
PERSONAL EMAIL			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
DATE of BIRTH	SEX	YEAR YOU ENTERED IH/OH PROFESSION	
CERTIFICATIONS HELD		DESIGNATIONS HELD	
<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DEGREE(S) HELD (please specify)	
I HAVE a DEGREE in Industrial Hygiene, Chemistry, Physics, Engineering or Biology			

AIHA Virtual Section Special

An exclusive online platform tailored to AIHA members, including our growing international membership, not currently served by a regional section.

Virtual Section members will:

- Increase peer-to-peer networking via the members-only online community;
- Have access to the *Synergist* family of products including:
 - E-magazine (and archives)
 - *SynergistNOW* blog
 - E-newsletter
 - Solutions articles
 - Webinars
 - Newswire
- Increase knowledge base through educational offerings.

Confirmation and Receipt

A confirmation will be emailed once payment is received and processed.

Member Affirmation

AFFIRMATION: I verify that the information herein is true and accurate and that I meet the eligibility requirements for Student Membership. Further, I agree to comply with the Member Ethical Principles and the Member Code of Conduct.

Signature: _____



MAIL TO:

AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:

1-703-207-3561

Payment Information

AIHA Virtual Section Special \$ 10.00 US

TOTAL AMOUNT \$ 10.00 US

Special Offer

AIHA is pleased to offer \$15 off the standard rate of \$25 for the AIHA Virtual Section.

Method of Payment

AIHA Employer ID (EIN): 38-1618683. AIHA is not able to accept purchase orders and bank transfers. Please check one of the following:

- Check payable to AIHA
 VISA MasterCard American Express

CREDIT CARD NUMBER	
EXPIRATION DATE	CVV#
NAME ON CARD	
SIGNATURE	

Due to security purposes, credit card information can only be accepted via fax at 1-703-207-3561 or by mail.

Email Opt-In Yes or No

In compliance with the General Data Protection Regulation, AIHA is requesting your express consent to communicate with you electronically regarding activities which can be characterized as commercial, such as announcements regarding AIHA's annual meeting, membership renewal, benefits of membership, publications and other items for sale, etc., whether we send those messages directly or include them in electronic publications such as emails or newsletters. This consent will apply to AIHA, the American Industrial Hygiene Foundation, the AIHA Guideline Foundation and the Product Stewardship Society.

Signature: _____

Virtual Section E-Membership

This membership level only provides benefits that can be accessed online.