



HEALTHIER WORKPLACES | A HEALTHIER WORLD

2023

MAIL TO:
AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:
1-703-207-3561

AIHA Organizational Group Membership Form

Organization Group Information

ORGANIZATION GROUP NAME

ORGANIZATION GROUP ADDRESS SUITE/APT

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

ORGANIZATION GROUP MAIN PHONE

POINT OF CONTACT TITLE

EMAIL WEBSITE

DATE of BIRTH YEAR ENTERED OEHS PROFESSION

CERTIFICATIONS HELD DESIGNATIONS HELD

I Have a Degree in: Industrial Hygiene Chemistry Physics Engineering Biology
 Other (please specify): _____

Confirmation and Receipt

A confirmation will be emailed once payment is received and processed. A copy of your receipt is also available via the "My Member Dashboard" link located in the Member Center at www.aiha.org.

Member Affirmation

All individuals listed on the application verify that the information herein is true and accurate and agree to comply with the Member Ethical Principles and the Member Code of Conduct. (Point of contact to sign on all applicants behalf).

Signature: _____

Individual Information

FIRST NAME LAST NAME

TITLE

DESIGNATION/CERTIFICATION YEARS IN PROFESSION DEGREE(S)

PREFERRED PHONE (MOBILE HOME BUSINESS)

EMAIL

Female Male Gender Variant/Non-Conforming Transgender Not Listed
 I do not wish to provide this information

SEX

Payment Information

Membership
 0-5 members \$835 (30%)
 6-15 members \$2340 (35%)
 16-35 members \$3900 (40%)
 36-55 members \$7360 (45%)
 55 and up (50%)

Optional Items

Contribution to AIH Foundation \$ _____
 Contribution to AIHA Guideline Foundation \$ _____
TOTAL AMOUNT DUE \$ _____

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.

I give AIHA national consent to share my contact information with the AIHA Local Section within my region.

AIHA Email Opt-In YES 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: _____

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