

## Early Career Professional

(10 years or less within the profession.)

## 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

☐ MOBILE ☐ HOME ☐ BUSINESS

PREFERRED PHONE NUMBER

WORK EMAIL PERSONAL EMAIL

☐ Female ☐ Male ☐ Gender Variant/Non-Conforming ☐ Transgender ☐ Not Listed

☐ I do not wish to provide this information

SEX

DATE of BIRTH YEAR YOU ENTERED OEHS PROFESSION

CERTIFICATIONS HELD DESIGNATIONS HELD

☐ YES ☐ NO

I HAVE a DEGREE in Industrial Hygiene, Chemistry, Physics, Engineering or Biology OTHER DEGREE(S) HELD (please specify)

### Additional Information

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

#### 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](http://www.aiha.org).

#### AIHA Local Section Opt-In (additional fees apply)

Note: if your local section does not appear below, dues should be paid directly to the Local Section. Please do not submit to AIHA.

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Alabama \$30                  | <input type="checkbox"/> Deep South \$30       | <input type="checkbox"/> Iowa-Illinois \$30          | <input type="checkbox"/> Orange County \$40     | <input type="checkbox"/> San Diego \$40           |
| <input type="checkbox"/> Alamo \$20                    | <input type="checkbox"/> Delaware \$20         | <input type="checkbox"/> Keystone Local Section \$20 | <input type="checkbox"/> Pacific Northwest \$50 | <input type="checkbox"/> Southern California \$50 |
| <input type="checkbox"/> Alberta \$40                  | <input type="checkbox"/> Eastern New York \$30 | <input type="checkbox"/> Metro New York \$35         | <input type="checkbox"/> Philadelphia \$35      | <input type="checkbox"/> St. Louis \$20           |
| <input type="checkbox"/> Arizona \$25                  | <input type="checkbox"/> Florida \$25          | <input type="checkbox"/> Mid-America \$10            | <input type="checkbox"/> Pittsburgh \$35        | <input type="checkbox"/> Texas Hill Country \$25  |
| <input type="checkbox"/> Arkansas \$20                 | <input type="checkbox"/> Georgia \$20          | <input type="checkbox"/> Nebraska/Western Iowa \$25  | <input type="checkbox"/> Potomac \$30           | <input type="checkbox"/> Tidewater \$15           |
| <input type="checkbox"/> BC Yukon \$50                 | <input type="checkbox"/> Gulf Coast \$30       | <input type="checkbox"/> New England \$35            | <input type="checkbox"/> Prairie \$15           | <input type="checkbox"/> Upper Midwest \$25       |
| <input type="checkbox"/> Carolinas \$35                | <input type="checkbox"/> Hawaii \$30           | <input type="checkbox"/> New Jersey \$30             | <input type="checkbox"/> Rio Grande \$35        | <input type="checkbox"/> Utah \$35                |
| <input type="checkbox"/> Central New York \$20         | <input type="checkbox"/> Idaho \$25            | <input type="checkbox"/> North Texas \$25            | <input type="checkbox"/> Rocky Mountain: \$30   | <input type="checkbox"/> Western MA \$25          |
| <input type="checkbox"/> Chesapeake \$25               | <input type="checkbox"/> Illinois-Chicago \$35 | <input type="checkbox"/> Northern California \$50    | <input type="checkbox"/> Sabine Neches \$25     | <input type="checkbox"/> Western Michigan \$30    |
| <input type="checkbox"/> Connecticut River Valley \$25 | <input type="checkbox"/> Indiana \$30          | <input type="checkbox"/> Ohio Valley \$30            | <input type="checkbox"/> Sacramento Valley \$40 | <input type="checkbox"/> Western New York \$25    |
|  |  | <input type="checkbox"/> Oklahoma \$30               |   | <input type="checkbox"/> Wisconsin \$25           |

### MAIL TO:

AIHA  
PO BOX 1519  
Merrifield, VA 22116-9990

### FAX TO:

1-703-207-3561

### Payment Information

0 Early Career Professional Membership ... \$120

#### Optional Items

0 JOEH print Subscription ..... \$68  
(online access is included with membership)

**If you are a resident outside of the U.S.A. or Canada and would like to receive a print copy of *The Synergist*, please contact AIHA customer service.**

AIHA Local Section .....

Contribution to AIHF.....

Contribution to

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.**

#### 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: \_\_\_\_\_