

FULL 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
<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS			
PREFERRED PHONE NUMBER			
WORK EMAIL		PERSONAL EMAIL	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Variant/Non-Conforming <input type="checkbox"/> Transgender <input type="checkbox"/> Not Listed <input type="checkbox"/> I do not wish to provide this information			
SEX			
DATE of BIRTH		YEAR YOU ENTERED OEHS PROFESSION	
CERTIFICATIONS HELD		DESIGNATIONS HELD	
<input type="checkbox"/> YES <input type="checkbox"/> 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.

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"/> Alamo \$20	<input type="checkbox"/> Delaware \$20
<input type="checkbox"/> Alberta \$40	<input type="checkbox"/> Eastern New York \$30
<input type="checkbox"/> Arizona \$25	<input type="checkbox"/> Florida \$25
<input type="checkbox"/> Arkansas \$20	<input type="checkbox"/> Georgia \$20
<input type="checkbox"/> BC Yukon \$50	<input type="checkbox"/> Gulf Coast \$30
<input type="checkbox"/> Carolinas \$35	<input type="checkbox"/> Hawaii \$30
<input type="checkbox"/> Central New York \$20	<input type="checkbox"/> Idaho \$25
<input type="checkbox"/> Chesapeake \$25	<input type="checkbox"/> Illinois-Chicago \$35
<input type="checkbox"/> Connecticut River Valley \$25	<input type="checkbox"/> Indiana \$30

Member Affirmation

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

Signature: _____

<input type="checkbox"/> Iowa-Illinois \$30
<input type="checkbox"/> Keystone Local Section \$20
<input type="checkbox"/> Metro New York \$35
<input type="checkbox"/> Mid-America \$10
<input type="checkbox"/> Nebraska/Western Iowa \$25
<input type="checkbox"/> New England \$35
<input type="checkbox"/> New Jersey \$30
<input type="checkbox"/> North Texas \$25
<input type="checkbox"/> Northern California \$50
<input type="checkbox"/> Ohio Valley \$30
<input type="checkbox"/> Oklahoma \$30

<input type="checkbox"/> Orange County \$40
<input type="checkbox"/> Pacific Northwest \$50
<input type="checkbox"/> Philadelphia \$35
<input type="checkbox"/> Pittsburgh \$35
<input type="checkbox"/> Potomac \$30
<input type="checkbox"/> Prairie \$15
<input type="checkbox"/> Rio Grande \$35
<input type="checkbox"/> Rocky Mountain: \$30
<input type="checkbox"/> Sabine Neches \$25
<input type="checkbox"/> Sacramento Valley \$40

<input type="checkbox"/> San Diego \$40
<input type="checkbox"/> Southern California \$50
<input type="checkbox"/> St. Louis \$20
<input type="checkbox"/> Texas Hill Country \$25
<input type="checkbox"/> Tidewater \$15
<input type="checkbox"/> Upper Midwest \$25
<input type="checkbox"/> Utah \$35
<input type="checkbox"/> Western MA \$25
<input type="checkbox"/> Western Michigan \$30
<input type="checkbox"/> Western New York \$25
<input type="checkbox"/> Wisconsin \$25

MAIL TO:

AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:

1-703-207-3561

Payment Information

0 FULL Membership. \$240

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: _____