STUDENT Membership Form

General Information

FIRST NAME MI LAST NAME SUFFIX (Sr., Jr.)

STREET ADDRESS SUITE/APT

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

PHONE DATE of BIRTH

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

☐ I do not wish to provide this information

SEX

NAME OF SCHOOL

YOUR SCHOOL EMAIL YOUR PERSONAL EMAIL

CERTIFICATIONS HELD DESIGNATIONS HELD

0 GRADUATE 0 UNDERGRAD

0 FULLTIME 0 PART-TIME

CHOOSE ONE CHOOSE ONE

DEGREE PROGRAM EXPECTED GRADUATION DATE

Requires verification of active student status with your application. Part-time student status is equivalent to one-half the credit hours of full-time status based on your school’s admission policy.

Additional Information

0 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.

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: ____________________________

Payment Information

0 Student Membership ...................... $32

Optional Items

0 JOEH print subscription ...................... $68

(online access is included with membership)

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:

0 Check payable to AIHA

0 VISA 0 MasterCard 0 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 0 Yes or 0 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: ____________________________

AIHA Dues are not deductible as a charitable contribution for tax purposes but may be deductible as a business expense. AIHA estimates that 9% of your dues are not deductible because of AIHA’s lobbying activities on behalf of its members. Please consult your tax advisor.