

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		
<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			
NAME OF SCHOOL			
YOUR SCHOOL EMAIL		YOUR PERSONAL EMAIL	
CERTIFICATIONS HELD		DESIGNATIONS HELD	
<input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRAD CHOOSE ONE		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME CHOOSE ONE	
DEGREE PROGRAM		EXPECTED GRADUATION DATE	
<i>Requires verification of active student status with your application. Part-time student status is equivalent to one-half the credit hours of fulltime status based on your school's admission policy.</i>			

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.

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

☐ Student Membership \$32

Optional Items

☐ 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:

☐ Check payable to AIHA

☐ VISA ☐ MasterCard ☐ American Express

CREDIT CARD NUMBER

EXPIRATION DATE

CW#

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: _____