AIHA Organizational Membership Form

Organization Information

ORGANIZATION NAME

ORGANIZATION ADDRESS

SUITE/APT

CITY  STATE/PROVINCE  ZIP/POSTAL CODE  COUNTRY

ORGANIZATION MAIN PHONE

POINT OF CONTACT  TITLE

MAIL  WEBSITE

DATE of BIRTH  YEAR ENTERED OEHS PROFESSION

CERTIFICATIONS HELD  DESIGNATIONS HELD

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

Individual Information

FIRST NAME    LAST NAME

TITLE

DESIGNATION/CERTIFICATION  YEARS IN PROFESSION

DEGREE(S)

PREFERRED PHONE

MAIL  EMAIL

o MOBILE    o HOME    o BUSINESS

o MALE    o FEMALE

AIHA Virtual Section ($25 annually per person)  Our Virtual Local Section is an exclusive online platform tailored to AIHA members, including our growing international membership, not currently served by a regional section, and for local section members who wish to add on to their current LS membership. Members will interact with peers for professional discussion, collaboration and access top-notch educational content.

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: ________________________________

AIHA Email Opt-In  q YES  q 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: ________________________________