



HEALTHIER WORKPLACES | A HEALTHIER WORLD

2021

MAIL TO:
AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:
1-703-207-3561

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

EMAIL WEBSITE

MALE FEMALE

DATE of BIRTH YEAR ENTERED OEHS PROFESSION

CERTIFICATIONS HELD DESIGNATIONS HELD

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

Individual Information

FIRST NAME LAST NAME

TITLE

DESIGNATION/CERTIFICATION YEARS IN PROFESSION DEGREE(S)

MOBILE HOME BUSINESS

PREFERRED PHONE

MALE FEMALE

EMAIL SEX

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.

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. Further, I agree to comply with the Member Ethical Principles and the Member Code of Conduct.

Signature: _____

Signature: _____

Signature: _____

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

Individual Information

FIRST NAME LAST NAME

TITLE

DESIGNATION/CERTIFICATION YEARS IN PROFESSION DEGREE(S)

MOBILE HOME BUSINESS

PREFERRED PHONE

MALE FEMALE

EMAIL SEX

Payment Information

Membership (includes up to 3 individuals)\$999

Optional Items

AIHA Virtual Section (\$25 annually per person) \$ _____

Contribution to AIH Foundation..... \$ _____

Contribution to AIHA 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.