



2025-26

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

# Full and ECP Membership Form

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

POSITION TITLE COMPANY NAME

STREET ADDRESS CITY

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

EMAIL PHONE

BIRTH YEAR YEAR ENTERED OEHS PROFESSION

CERTIFICATIONS HELD DESIGNATIONS HELD

I have a degree in: Industrial Hygiene \_\_\_\_ Chemistry \_\_\_\_ Physics \_\_\_\_ Biology \_\_\_\_  
Other (please specify) \_\_\_\_\_

## Additional Information

How did you hear about AIHA? \_\_\_\_\_  
(If you were referred by an existing member, please provide the name.)

### Member 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: \_\_\_\_\_

### Member Affirmation

All individuals listed on the application verify that the information herein is true and accurate and agree to comply with the Member Ethical Principles and the Member Code of Conduct. (Point of contact to sign on all applicant's behalf).

AIHA Email Opt-In: YES \_\_\_\_\_ 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: \_\_\_\_\_

## Payment Information

Full Membership \$240 \_\_\_\_\_  
Early Career Professional  
Membership (ECP) \$120 \_\_\_\_\_  
(10 years or less within profession.)

## Optional Items:

JOEH print subscription \$68 \_\_\_\_\_  
Contribution to AIHA  
Foundation \$ \_\_\_\_\_  
Contribution to AIHA Guideline  
Foundation \$ \_\_\_\_\_

Local Section Name  
AIHA Local Section Dues \$ \_\_\_\_\_

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

For security purposes, credit card information can only be accepted via fax at 1-703.207.3561 or by mail.

## Confirmation & Receipt

A confirmation will be mailed 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 [aiha.org](http://aiha.org).

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.



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## 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.

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

**SIGNATURE:** \_\_\_\_\_

Alabama \$30  
Alamo \$20  
Alberta \$40  
Arizona \$40  
Arkansas \$20  
BC Yukon \$50  
Carolinas \$35  
Central New York \$20  
Chesapeake \$25  
Connecticut River  
Valley \$25

Deep South \$30  
Delaware \$20  
Eastern New York  
\$30  
Florida \$35  
Georgia \$20  
Gulf Coast \$30  
Hawaii \$30  
Idaho \$25  
Illinois-Chicago \$35  
Indiana \$30

Iowa-Illinois \$30  
Keystone Local Section \$20  
Metro New York \$35  
Mid-American \$10  
Nebraska/Western Iowa \$25  
New England \$35  
New Jersey \$30  
North Texas \$25  
Northern California \$50  
Ohio Valley \$30  
Oklahoma \$30

Orange County \$40  
Pacific Northwest \$50  
Philadelphia \$35  
Pittsburgh \$35  
Potomac \$30  
Puerto Rico \$21  
Rio Grande \$35  
Rocky Mountain \$30  
Sabine Neches \$25  
Sacramento Valley \$40

San Diego \$40  
Southern California \$50  
St. Louis \$20  
Texas Hill Country \$25  
Tidewater \$15  
Upper Midwest \$25  
Utah \$35  
Western MA \$25  
Western Michigan \$30  
Western New York \$25  
Wisconsin \$30