



2025-26

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

AIHA Organizational Group

Membership Form

ORGANIZATION GROUP NAME

ORGANIZATION GROUP ADDRESS

CITY / STATE/PROVINCE ZIP/POSTAL CODE
COUNTRY

ORGANIZATION GROUP MAIN PHONE

POINT OF CONTACT POSITION TITLE

EMAIL WEBSITE

YEAR OF BIRTH YEAR ENTERED OEHS PROFESSION

CERTIFICATIONS HELD DESIGNATIONS HELD

I have a degree in: Industrial Hygiene ____ Chemistry ____ Physics ____ Biology ____

Other (please specify) _____

Please tell us how you heard about AIHA. *(If you were referred by an existing member, please provide the name.)*

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).

SIGNATURE: _____

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

5 members \$1080 (10% saving)
6-15 members \$1,422 (61% saving)
16-24 members \$3,110 (61% saving)
25-45 members \$5,832 (46% saving)
46-75 members \$9,720 (46% saving)
76-100 members \$12,960 (46% saving)

Optional Items:

Contribution to AIHA 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

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.

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.



2025-26

AIHA Organizational Group Membership Form

Complete for all organizational members. Use additional pages as needed.

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)

INDIVIDUAL INFORMATION

FIRST NAME	LAST NAME
ADDRESS	
EMAIL	YEAR OF BIRTH
POSITION TITLE	YEARS IN PROFESSION
PREFERRED PHONE	
DESIGNATION CERTIFICATION	DEGREE(S)