Military Membership Form

General Information

FIRST NAME	MI	LAST NAME	SUFFIX (Sr., Jr.)	
TITLE				
COMPANY NAME				
STREET ADDRES	S		SUITE/APT	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
PREFERRED PHO	NE (MOBILE HOME	BUSINESS)		
WORK EMAIL		PERSONAL EMAIL		
	Gender Variant/Non-Confor provide this information	ming 🗖 Transgender 🗖 Not List	red	
SEX				
DATE of BIRTH	YEAR YOU ENT	ERED OEHS PROFESSION		
CERTIFICATIONS	RTIFICATIONS HELD		DESIGNATIONS HELD	
□YES □NO				
HAVE a DEGREE in Industrial Hygiene, Chemistry, Physics, Engineering or Biology		OTHER DEGRE	E(S) HELD (please specify)	
A 1 1141				

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

FAX TO: 1-703-207-3561

Payment Information

Military Membership (50% off regular membership) ☐ Full
Proof of Active Military ID (DoD ID number):
Please submit a photocopy of your ID with your membership form.
Optional Items □ JOEH print Subscription \$66 (online access is included with membership)
If you are a resident outside of the U.S.A. or Canada and would like to receive a PRINT copy of The Synergist, please contact AIHA customer service.
AIHA Local Section \$
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 CVV#
NAME ON CARD
SIGNATURE
Due to security nurnoses, credit card

Due to security purposes, credit card information can only be accepted via fax at 1-703-207-3561 or by mail.

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

Signature:

Email Opt-In	Yes or	□ No
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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:

AIHA Local Sed	ction Opt-In	(additional fees	apply
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Note: if your local section does not appear below, dues should be paid directly to the Local Section. Please do not submit to AIHA.

□ Alabama \$30
□ Alamo \$15
□ Alberta \$40
□ Arizona \$25
□ Arkansas \$20
□ BC Yukon \$35
□ Carolinas \$35
□ Central New York \$20
□ Central Pennsylvania \$20
□ Chesapeake \$25

☐ Connecticut River Valley \$25

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

☐ Iowa-Illinois \$25

☐ Mid-America \$10
☐ Nebraska/Western Iowa \$25
☐ New England \$35
☐ New Jersey \$30
☐ North Texas \$25
☐ Northern California \$50
☐ Northwest Ohio \$25

☐ Ohio Valley \$30

☐ Kentuckiana \$20

☐ Lehigh Valley \$20

☐ Metro New York \$35

- ☐ Oklahoma \$30 ☐ Orange County \$40
- ☐ Pacific Northwest \$35 ☐ Philadelphia \$30
- ☐ Pittsburgh \$25 ☐ Potomac \$30 ☐ Rio Grande \$35
- ☐ Sabine Neches \$25 ☐ Sacramento Valley \$40
- ☐ San Diego \$40 ☐ Southern California \$50
- ☐ St. Louis \$20
- ☐ Texas Coastal Bend \$30 ☐ Texas Hill Country \$25
- ☐ Tidewater \$15 ☐ Upper Midwest \$25
- ☐ Utah \$35☐ Western Michigan \$30☐ Western New York \$25
- ☐ Wisconsin \$25