



American Industrial Hygiene Association – IA/IL AIHA Local Section
Membership Renewal / Application

NAME: TITLE:

Were you a member during the previous year? YES NO

If YES, you do not need to complete the following unless the information has changed.

Company: Work phone:

Address: Fax number:

City: Email:

State: Zip: Home phone (optional):

Are you a member of national AIHA? YES NO

Membership in other organizations: ASSE AAOHN IAHMM AWMA

Other:

Certifications: CIH CSP CHMM Other:

CONSULTANT LISTING Periodically, the IA/IL section receives requests for information about local IHs who provide consulting services. The Executive Committee has decided to prepare a list that we can provide when a request is received. If you would like to be listed as a consultant, please complete the Consultant Listing section on the attached membership form. You must be a member (i.e., dues paid in full) of the local section in order to be included on this list.

Please list me as a consultant: YES Contact information is the same as above. YES NO

If contact information is different from above, complete the following:

Company: Work phone:

Address: Email:

City: State: Zip:

Website:

Services: Commercial Residential Both

General IH Asbestos Ergonomics Indoor air quality

Safety Environmental Mold Construction

Noise/hearing conservation Respiratory protection/PPE Training

Other:

DUES Membership dues are \$30/year and are due by the end of December each year. Members joining from June through December shall be assessed one-half the annual dues for the year. You may pay on a yearly basis or up to five years at a time. Please make checks payable to: Iowa/Illinois AIHA.

If you belong to National AIHA, you may pay your IA/IL Section dues at the same time as your National dues.

Enclosed are dues for year(s): \$

Signature: Date:

Please return completed form and membership dues to:

Margaret Phillips
1612 Spruce Court
Iowa City, IA 52240