



HEALTHIER WORKPLACES | A HEALTHIER WORLD

2022

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
GREE(S)

YEARS IN PROFESSION

DE-

☐ MOBILE ☐ HOME ☐ BUSINESS

PREFERRED PHONE

☐ MALE ☐ FEMALE

EMAIL

SEX

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.

MAIL TO:

AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:

1-703-207-3561

Payment Information

☐ Membership
(includes up to 3 individuals)\$999

Optional Items

☐ 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.**

Individual Information

FIRST NAME

LAST NAME

TITLE

DESIGNATION/CERTIFICATION
GREE(S)

YEARS IN PROFESSION

DE-

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PREFERRED PHONE

☐ MALE ☐ FEMALE

EMAIL

SEX

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: _____

AIHA Dues are not deductible as a charitable contribution for tax purposes but may be deductible as a business expense. AIHA estimates that 7% of your dues are not deductible because of AIHA's lobbying activities on behalf of its members. Please consult your tax advisor.