



HEALTHIER WORKPLACES | A HEALTHIER WORLD

2022

STUDENT Membership Form

General Information

FIRST NAME	MI	LAST NAME	SUFFIX (Sr., Jr.)
STREET ADDRESS		SUITE/APT	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE		DATE of BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF SCHOOL			

YOUR SCHOOL EMAIL	YOUR PERSONAL EMAIL
-------------------	---------------------

CERTIFICATIONS HELD	DESIGNATIONS HELD
<input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRAD	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME
CHOOSE ONE	CHOOSE ONE

DEGREE PROGRAM	EXPECTED GRADUATION DATE
Requires verification of active student status with your application. Part-time student status is equivalent to one-half the credit hours of fulltime status based on your school's admission policy.	

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 and that I meet the eligibility requirements for Student Membership. Further, I agree to comply with the Member Ethical Principles and the Member Code of Conduct.

Signature: _____

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.

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Alabama \$30 | <input type="checkbox"/> Deep South \$30 | <input type="checkbox"/> Kentuckiana \$20 | <input type="checkbox"/> Oklahoma \$30 | <input type="checkbox"/> Southern California \$50 |
| <input type="checkbox"/> Alamo \$15 | <input type="checkbox"/> Delaware \$20 | <input type="checkbox"/> Lehigh Valley \$20 | <input type="checkbox"/> Orange County \$40 | <input type="checkbox"/> St. Louis \$20 |
| <input type="checkbox"/> Alberta \$40 | <input type="checkbox"/> Eastern New York \$30 | <input type="checkbox"/> Metro New York \$35 | <input type="checkbox"/> Pacific Northwest \$35 | <input type="checkbox"/> Texas Coastal Bend \$30 |
| <input type="checkbox"/> Arizona \$25 | <input type="checkbox"/> Florida \$25 | <input type="checkbox"/> Mid-America \$10 | <input type="checkbox"/> Philadelphia \$30 | <input type="checkbox"/> Texas Hill Country \$25 |
| <input type="checkbox"/> Arkansas \$20 | <input type="checkbox"/> Georgia \$20 | <input type="checkbox"/> Nebraska/Western Iowa \$25 | <input type="checkbox"/> Pittsburgh \$25 | <input type="checkbox"/> Tidewater \$15 |
| <input type="checkbox"/> BC Yukon \$35 | <input type="checkbox"/> Gulf Coast \$25 | <input type="checkbox"/> New England \$35 | <input type="checkbox"/> Potomac \$30 | <input type="checkbox"/> Upper Midwest \$25 |
| <input type="checkbox"/> Carolinas \$35 | <input type="checkbox"/> Hawaii \$20 | <input type="checkbox"/> New Jersey \$30 | <input type="checkbox"/> Rio Grande \$35 | <input type="checkbox"/> Utah \$35 |
| <input type="checkbox"/> Central New York \$20 | <input type="checkbox"/> Idaho \$25 | <input type="checkbox"/> North Texas \$25 | <input type="checkbox"/> Sabine Neches \$25 | <input type="checkbox"/> Western Michigan \$30 |
| <input type="checkbox"/> Central Pennsylvania \$20 | <input type="checkbox"/> Illinois-Chicago \$25 | <input type="checkbox"/> Northern California \$50 | <input type="checkbox"/> Sacramento Valley \$40 | <input type="checkbox"/> Western New York \$25 |
| <input type="checkbox"/> Chesapeake \$25 | <input type="checkbox"/> Indiana \$20 | <input type="checkbox"/> Northwest Ohio \$25 | <input type="checkbox"/> San Diego \$40 | <input type="checkbox"/> Wisconsin \$25 |
| <input type="checkbox"/> Connecticut River Valley \$25 | <input type="checkbox"/> Iowa-Illinois \$25 | <input type="checkbox"/> Ohio Valley \$30 | | |

MAIL TO:

AIHA
PO BOX 1519
Merrifield, VA 22116-9990

FAX TO:

1-703-207-3561

Payment Information

☐ Student Membership \$32

Optional Items

☐ JOEH print Subscription \$66
(online access is included with membership)

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

Email Opt-In ☐ Yes or ☐ 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: _____