



HEALTHIER WORKPLACES | A HEALTHIER WORLD

**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. Beginning in 2006, 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:**

Dave Havick  
2833 NE 96th Street  
Altoona, IA 50009