



MID-SOUTH SECTION
AMERICAN INDUSTRIAL HYGIENE ASSOCIATION
DUES NOTICE / MEMBERSHIP APPLICATION

Last Name	
First Name	
Titles (CIH, OHST, CSP, etc.)	
Company Name	
Mailing Address	
Contact Phone Number	
Home Phone Number	
Fax Number	
e-mail Address	
Do prefer receiving section correspondence via e-mail?	
Suggestions for speakers, activities, topics?	
Member Classification?	Full_____ Affiliate_____ Student_____

I certify that all information in this application is true. If approved, I shall comply with the bylaws of the American Industrial Hygiene Association and the Code of Ethics.

Signature of Applicant

Date

Annual dues for full, and affiliate membership are \$20 per calendar year. Dues for student members are \$5 per year (Make payable to AIHA Mid-South Section). Send completed form and payment to:

AIHA Mid-South Section
Rhonda Henry
2665 Fite Road
Memphis, TN 38127

Visit our webpage at www.aiha.org (go to **Inside AIHA** to **Local Sections** to **South** to **Mid-South**) for newsletters and calendar of events.