



Oklahoma
LOCAL SECTION

2024 MEMBERSHIP APPLICATION

Name:	
Affiliation:	
Street Address:	
City, State, ZIP Code:	
Telephone No.:	
E-mail address (required):	
Credentials (Ph.D., CIH, CSP, PE, CHMM, etc):	

Please check the appropriate box and enclose the appropriate funds.

☐ **Full Member** – (Voting privileges, may hold position on OK AIHA Board) **\$30**

☐ Check here if you are a national member of AIHA

☐ **Associate Member** (No voting privileges, may not hold board position) **\$18**
(Includes ancillary professionals, full-time students)

☐ **Retired Member** (Voting privileges, may hold position on OK AIHA Board) **dues waived**
(Must attach attestation that the member has retired from the industrial hygiene profession.)

☐ **Corporate Member** (No voting privileges for the corporation) **\$120**

The corporation may name two individuals as full members and up to ten individuals as associate members. The two full members must meet OK AIHA membership criteria. Once approved by the OK AIHA Board of Directors, the two full members have all rights and privileges of the organization.

Names of the Designated Full Members: _____

Designated	_____	_____
Associate	_____	_____
Members:	_____	_____
	_____	_____
	_____	_____

If elected, would you be willing to serve as an OK AIHA Officer or Board Member? ☐ Yes ☐ No

For an emailed invoice, please send completed membership applications to:
OKAIHA Secretary Rachel Butler | rachelbutler@marshallenvironmental.com

For check payments, please make checks payable to:

Oklahoma Section, AIHA
Treasurer, Oklahoma Section AIHA
P. O. Box 1073 Oklahoma City, OK 73101