OKLAHOMA LOCAL SECTION

AMERICAN INDUSTRIAL HYGIENE ASSOCIATION

APPLICATION FOR MEMBERSHIP

JULY 1, 2009 THROUGH JUNE 30, 2010

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

***Required field. Most OK AIHA correspondence will be sent via e-mail.**

❑ **Yes** ❑ **No** Have you ever been a member of the OK AIHA

_____ (If yes, please indicate the last fiscal year you were a member (i.e., 7/01/03-6/30/04):

Please check the appropriate box and enclose the appropriate funds.

☐ **Full Member** – (Voting privileges, may hold position on OK AIHA Board if National member) **$25**
☐ Check here if you are a member of National AIHA.

☐ **Associate Member** (No voting privileges, may not hold board position, includes ancillary professionals, full-time students, retirees and others not wishing to vote) **$15**

☐ **Corporate Member** (No voting privileges for the corporation, however, 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 full membership.) **$100**

Names of the Designated Full Members: _____
_____

Designated Associate Members:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

If this is a new application, full membership is subject to two-thirds approval of the Executive Committee of the Oklahoma Section.

❑ **Yes** ❑ **No** **If elected, would you be willing to serve as an OK AIHA Board Member?**

_____ **The OK AIHA membership list is published its website. Please check here if you do not want your information published on this website.**

Please make checks payable to: **Oklahoma Section, AIHA**

Please remit to:

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