

## MEMBERSHIP CLASSIFICATIONS

### Full Member

A Full member shall be a graduate of an accredited institution of higher education holding a baccalaureate degree in industrial hygiene, chemistry, physics, engineering, biology, or other discipline approved by written Board policy, who has been engaged a majority of time for at least three years in industrial hygiene or occupational and environmental health and safety activities as defined by the Board of Directors. The social sciences are not considered as qualifying sciences. Where an applicant does not have a qualifying baccalaureate degree, experience may be substituted on the basis of two years of qualifying experience for one year of undergraduate education. Full-time graduate study in one of the disciplines listed above may be accepted on an equivalent time basis for any portion of the required three years of experience. A Full member may serve on committees, vote, and be elected to the Board of Directors of the Association.

### Associate Member

An Associate member shall be a graduate of an accredited institution of higher learning, holding an associate degree in industrial hygiene, chemistry, physics, engineering, biology, or other discipline approved by written Board policy, who is currently engaged a majority of time in industrial hygiene or occupational and environmental health and safety activities as defined by the Board of Directors. Where an applicant does not have an acceptable degree, experience may be substituted on the basis of two years of qualifying experience for one year of undergraduate education. An Associate member may serve on committees and vote but may not be elected to the Board of Directors.

### Affiliate Member

An Affiliate member shall be a person who is employed in an allied profession or has interest in or supports the industrial hygiene profession or other related professions. An Affiliate member may not vote on Association issues or be elected to the Board of Directors, but may serve on committees.

### International Affiliate Members

An International Affiliate Member shall be an individual who resides in, and is a citizen of, a country classified by the World Bank as a low-income economy, lower-middle-income economy, or upper-middle-income economy, and who is practicing occupational and environmental health and safety. An International Affiliate Member neither votes nor may be elected to the Board of Directors, but may serve on committees.

### Student Member

A full-time student at the college undergraduate or graduate level may become a Student member upon application and yearly submission of a statement from his/her faculty advisor confirming status as a full-time student. In addition, an undergraduate student taking at least one-half the credit hours required for full-time undergraduate student status may also become a student member upon application and yearly submission of a statement from his/her faculty advisor confirming the number of credit hours. Student members who qualify as part-time students may continue as student members for a maximum of eight years provided the required documentation is submitted annually. A student member may not vote or serve on the Board of Directors but may serve as a nonvoting member of a committee of AIHA.

## LOCAL SECTIONS

AIHA has 75 Local Sections the purposes of which are to promote the initiatives of the Association within the geographic boundary of the Local Section. To become involved with a Local Section near you, please visit <http://www.aiha.org/Content/InsideAIHA/LocalSections/localsections.htm>.

## MEMBERSHIP DUES

### Dues

Annual dues for Full, Associate, and Affiliate membership are **\$190** per calendar year and are prorated on a quarterly basis (see sidebar). Dues for studentmembers are **\$10** per year and are not prorated. Annual dues for International Affiliate are **\$47.50** per calendar year and are prorated. Dues are payable in advance and are not refundable. AIHA dues are not deductible as a charitable contribution for federal income tax purposes but may be deductible as a business expense. AIHA estimates that 8% of your dues are not deductible because of AIHA's lobbying activities on behalf of its members.

### JOEH

**\$50** *Journal of Occupational and Environmental Hygiene (JOEH)*  
I would like a subscription to the print version of the *JOEH*. (Electronic access and the annual archive CD-ROM containing all articles published during the year are member benefits.)

Date Application Received	Dues
January 1–March 31 . . . . .	100%
April 1–June 30 . . . . .	75%
July 1–September 30 . . . . .	50%
October 1–December 31 . . . . .	100%*

\*includes membership through the following December 31

**AIHA Employer ID (EIN): 38-1618683**

Dues \$ \_\_\_\_\_

JOEH \$ \_\_\_\_\_

## SPECIAL INTEREST GROUPS (SIGs)

We encourage you to join one or more AIHA Special Interest Groups (SIGs). SIG membership is designed to meet the specific needs of AIHA's membership while ensuring that the organization's mission is furthered. The following SIGs currently operate under the AIHA structure. Simply indicate the SIG(s) in which you are interested and include a \$10 fee for each.

- \$10 Academic SIG**—formed in response to the need to address curriculum, accreditation and research.
- \$10 Consultants SIG** (ConsultSIG)—formed in response to the growing number of members who serve as consultants to the profession.
- \$10 Engineering Industry SIG** (EI SIG)—formed for those who protect employees and the community from hazards that occur during the activities of the engineering or environmental consulting industries.
- \$10 Environmental SIG** (EnviroSIG)—formed in response to the growing number of members involved in environmental issues and concerns.
- \$10 Indoor Environmental Quality SIG** (IEQ SIG)—focuses on the issues surrounding indoor environmental quality (IEQ), including such contentious topics as mold and microbial growth.
- \$10 Minority SIG** (MSIG)—formed in response to the number of members who desire to increase awareness of and for minorities in the profession, as well as increase awareness of IH and EHS issues that affect minorities.

SIGs \$ \_\_\_\_\_

## AIH FOUNDATION SUPPORT

AIHF needs your continued support to accomplish its mission to provide scholarships to deserving students preparing for careers in industrial hygiene. Your gift will help ensure the future of the profession. Please take this opportunity to "give back" in this meaningful and personal way. Donations made on this dues renewal form go to the annual fund to help support the programs of AIHF and are tax deductible. All donors contributing in 2008 will be recognized in the 2009 *Foundation Focus* and at the AIHF booth at AIHce.

AIHF \$ \_\_\_\_\_

## AIHA PAYMENT INFORMATION

*Purchase orders and bank transfers are not accepted.*

- Check or money order enclosed     Visa     MasterCard     American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**My dues are paid by:**

My company

Me

**TOTAL \$** \_\_\_\_\_

Please make checks payable to AIHA. Mail or fax to: Member Services

AIHA PO Box 1519, Merrifield, VA 22116-9990

Phone: +1 (703) 849-8888

Fax: +1 (703) 207-8673

## MEMBERSHIP INFORMATION — ALL APPLICANTS

To ensure a more timely delivery, we ask that you include your full Zip + 4-digit code for home and company address.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Salutation:  Mr  Ms.  Dr.  Other: \_\_\_\_\_

Certifications:  ASP  CAIH  CHCM  CHMM  CHP  CIH  CPEA  CSP  OHST  PE  QEP  ROH

Other: \_\_\_\_\_

### Mailing Address

Please indicate your choice of address for the following:

	Work	Home
Publications/Mailings	<input type="checkbox"/>	<input type="checkbox"/>
Directory Listing	<input type="checkbox"/>	<input type="checkbox"/>
Invoice	<input type="checkbox"/>	<input type="checkbox"/>

### Membership Classification

Check here if you were previously an AIHA member.

AIHA provides five classes of membership for individuals: full, associate, affiliate, international affiliate and student.

Check the membership class for which you qualify.

Full  Associate  Affiliate  International Affiliate

Student Expected Graduation Date: \_\_\_\_\_

*\*Attach a statement from your faculty advisor confirming your status as a full-time student.*

Referred by: \_\_\_\_\_

*Optional—include only if you want a current member to be credited.*

Indicate degree you are pursuing: \_\_\_\_\_

Male  Female

Birth date: \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Are you a member of your AIHA local section?  Yes  No

If yes, which local section? \_\_\_\_\_

To what other professional associations do you belong? *(please circle)*

ACGIH ACS A&WMA ASHRAE NAEM NSC

ASSE HPS Other \_\_\_\_\_

**EEO Classification** *(circle one)*

1. Asian/Pacific Islander

2. Black/African-American

3. Caucasian/White

4. Hispanic/Latin American

5. Native American/Alaskan Native

6. Other

Promotion Code: \_\_\_\_\_

*Located on most promotion items.*

## MEMBER PROFILE INFORMATION

Needed for Full, Associate, Affiliate, International Affiliate. Students—optional.

### Field of Employment

*(circle one)*

1. Academic
2. Consultant—Independent Practitioner
3. Consulting Firm
4. Government/Military
5. Health Care/Medical
6. Industry (not consulting)
7. Other

### Primary Responsibility

*(circle one)*

1. Education/Training
2. Field Investigation—Sampling/ Assessments/Expert Witness
3. Laboratory
4. Management
5. Sales/Marketing
7. Other

### Primary Industrial Hygiene Practice Area

*(select up to three)*

- Biosafety
- Chemistry
- Comprehensive
- Computer Applications
- Emergency Response
- Engineering
- Environmental
- Epidemiology
- Ergonomics
- Exposure Assessment
- Health Physics

- Indoor Environmental Quality
- Ionizing Radiation
- Lab Analysis
- Law
- Noise
- Nonionizing Radiation
- Occupational Medicine
- Risk Assessment
- Safety
- Sustainability
- Toxicology
- Vibration
- Other

## EDUCATION

List any education beyond high school. The Membership Committee may require a transcript for degrees about which they are unclear. If currently or previously enrolled in a graduate program studying industrial hygiene, indicate whether it is (was) on a full-time or part-time basis. If part-time, indicate the percentage of time spent in study.

School (Name, City, and State)	Dates	Degree	Major	Full-time/ Part-time	Percentage

## EMPLOYMENT HISTORY

Needed for Full, Associate, Affiliate, International Affiliate. Students—optional.

**Note: For individuals who are CIHs, we need only information regarding your current position.**

Give a complete chronological listing of experience and positions held, beginning with the most recent. Explain any gaps in employment. List all activities whether you feel they are industrial hygiene-related or not. Differentiate clearly for each job whether you were applying your specialty (e.g., medicine, toxicology, chemistry, engineering, etc.) primarily or incidentally to the nature, cause, or prevention of industrial diseases. **Indicate percentage of time spent in each activity.**

Items must add up to 100%. For example: Accident Investigation—10%, Safety Inspections—5%, Air Sampling—15%, Noise Monitoring—10%, Noise Reduction—10%, Radiation Monitoring—5%, SSA Training—10%, Hazard Communication/RTK Administration—10%, Air Pollution Monitoring—5%, New Project Review—20% (Industrial Hygiene—15%/Safety—5%). Job descriptions and résumés will not be accepted.

Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

List duties and activities with percentage of time for each: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

List duties and activities with percentage of time for each: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

List duties and activities with percentage of time for each: \_\_\_\_\_

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**I certify that all information in this application is true. If approved, I shall comply with the bylaws of AIHA and the Ethical Principles.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_