

AIHA ST. LOUIS SECTION MEMBERSHIP APPLICATION INFORMATION

(Please Check One)

New Membership Renewal

Date: _____

Name: _____
(Last) (First) (MI)

Professional Certification(s): (please list) _____
e.g. (CIH, IHIT, CSP, ASP, COHN, PE, CHMM, CHP, etc.)

**Please NOTE: Renewing members need only complete
the areas that have changed**

Job Title: _____

Company: _____

Mailing Address: _____
(Street) (City/State) (Zip)

Telephone: () _____ ext. _____ Fax: _____

E-mail Address: _____ Do you have access to the internet? Yes ___ No ___

WEBPAGE DIRECTORY INFORMATION

Would you like to have your name listed as a:

Consultant? Yes ___ No ___

Are you a member of the National AIHA? Yes ___ (Member # _____) No ___

If yes, what type of membership do you hold? _____

Send the completed form along with your \$10 dues to:

Troy Hart
St. Louis AIHA
8816 Manchester Rd., PMB #106
St. Louis, MO 63144-2602

Make Checks Payable to: St. Louis Section - AIHA