

Chesapeake Section

2008 Membership Renewal/Application

Please update your membership information on this form. New members, please circle "Application," above.
Mail the form and a check for your annual membership dues

(Full Members and Associates: \$20.00, Emeritus Members: Free, Student Members: \$10.00)

to Geoffrey Braybrooke, P.Eng., CIH
1123 William Street
Baltimore, MD 21230

Please make checks payable to Chesapeake Section, AIHA.
The newsletter will be sent electronically.
Membership runs from January 1 to December 31, 2008.

Last Name: _____ First Name: _____ M Name: _____

Employer: _____

Work Address Ln 1: _____ Work Phone: _____

Work Address Ln 2: _____ Work Fax: _____

City: _____ State: _____ Zip5: _____ Zip + 4: _____

Home Address Ln 1: _____ Home Phone: _____

Home Address Ln 2: _____ Home Fax: _____

City: _____ State: _____ Zip5: _____ Zip + 4: _____

PLEASE CHECK THE APPLICABLE BOXES:

State Legislative District: _____

National AIHA Member

CIH IHIT

Federal Voting District: _____

CSP ASP

(Use your representative's names if you don't know the District designations)

Type of Membership: Full Associate Emeritus Student

We must have your e-mail address to send you the Chesapeake Section Newsletter. Otherwise, you will have to download the newsletter from our web site: <http://www.aiha.org/chesapeake.htm>

E-Mail Address: _____

Use Work or Home mailing address for other Chesapeake Section mailings?

Include my Employer information y n
phone & fax numbers y n

Home information y n
phone & fax numbers y n

E-mail address y n in the Chesapeake Section Membership Directory.
Default will be your name, e-mail address, and employer name, telephone and fax numbers.

Signature _____ Date _____