



SD AIHA Membership Application

Check Membership Type:

Date: _____

() Regular member \$40

() Students \$12 (Full Time Students Only)

Name: _____ Degree/ Certification: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Area of Expertise:

Are you interested in Expertise sharing? Yes / No

Are you interested in supporting and or teaching for PDC? Yes / No

What other professional association do you belong to?

1. _____

2. _____

Please mail payment to:

San Diego AIHA or SD AIHA

P.O. Box 910231

San Diego, CA 92121

Thank you for your support for the local chapter of SD AIHA