

2018 Application for Organizational Membership

General Information

Organization Name			
Address			
City	State/Province	Zip/Postal Code	Country
Phone		Website	
Point of Contact	Date of Birth	Years in Profession	
Title	Designation/Certification	Degree	
Phone		Email	

Payment Information

- Basic \$3,500
 Core \$5,700
 Strategic \$7,900

Optional Items (tax deductible)

- AIH Foundation Donation \$ _____
 Guideline Foundation \$ _____

Total Amount Due \$ _____

- Referred by AIHA Member:
-

Method of Payment

AIHA Employer ID (EIN): 38-1618683
 AIHA is not able to accept purchase Orders or bank transfers. Please check One of the following:

- Check payable to AIHA
 VISA MasterCard AMEX

*Credit Card Number

Expiration Date CVV#

Name on Card

Signature

** Please note... credit card payments can only be accepted by fax or mail.*

Please Use Back of Form to Add Additional Individuals

AIHA Email Opt-In YES NO

Anti-spam legislation prevents AIHA from sending any commercial electronic messages to you without your express consent, unless it is subject to an exception.

AIHA is therefore requesting your express consent to communicate with you electronically regarding activities which can be characterized as commercial, such as announcements regarding AIHA's products, services, events, and other items for sale, whether we send those messages directly or include them in electronic publications such as emails or newsletters.

This consent will apply to AIHA, the American Industrial Hygiene Foundation (AIHF), the AIHA Guideline Foundation and the Product Stewardship Society.

Signature: _____

AIHA dues are not tax deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. AIHA estimates that 1% of dues are not deductible due to AIHA's lobbying activities on behalf of the members. Consult your tax advisor.

Name	Title	Designation/Certification	
Date of Birth	Years in Profession	Degrees	
Address		<input type="checkbox"/> Home	<input type="checkbox"/> Work
City	State/Province	Zip/Postal Code	Country
Email	Phone		

Name	Title	Designation/Certification	
Date of Birth	Years in Profession	Degrees	
Address		<input type="checkbox"/> Home	<input type="checkbox"/> Work
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Email	Phone		

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Address		<input type="checkbox"/> Home	<input type="checkbox"/> Work
City	State/Province	Zip/Postal Code	Country
Email	Phone		

****FOR CORE AND STRATEGIC - please copy this page to add additional individuals to your membership.**