

Application for Membership

General Information

FIRST NAME	MI	LAST NAME	SUFFIX (Sr., Jr.)
INFORMAL NAME			DATE OF BIRTH
CERTIFICATIONS		YEAR ENTERED OEHS PROFESSION	
JOB TITLE			
COMPANY/ORGANIZATION/UNIVERSITY			
STREET ADDRESS		SUITE/APT	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE			
PHONE			
EMAIL			

Additional Information

(REQUIRED for Full, Associate and Affiliate Membership)

YEAR YOU ENTERED OEHS PROFESSION _____

YES NO

DID YOU HAVE A BACCALAUREATE DEGREE (OR HIGHER) IN INDUSTRIAL HYGIENE, CHEMISTRY, PHYSICS, ENGINEERING, OR BIOLOGY? _____

YES NO

DO YOU SPEND A MAJORITY OF YOUR TIME IN INDUSTRIAL HYGIENE RELATED ACTIVITIES? _____

Special Interest Groups (SIGs)

We encourage members to join one (or more) AIHA Special Interest Groups (SIGs). Special Interest Group Membership is an opportunity to connect with other members with similar interests. Please indicate which Special Interest Group(s) you would like to join. There is a \$10 annual fee for each.

- Academic SIG Environmental SIG Indoor Environmental Quality SIG
 Minority SIG Engineering Industry SIG

AIHA Email Opt-In YES NO

As of July 1, 2014, Canada's anti-spam legislation (CASL) prevents AIHA from sending any commercial electronic messages to you without your express or implied 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 annual meeting, membership renewal, benefits of membership, publications and other items for sale, etc., 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, the AIHA Guideline Foundation and the Product Stewardship Society.

Payment Information

- Full, Associate and Affiliate \$215
 Young Professional/Recent Grad \$107
 International Affiliate \$54

COUNTRY OF CITIZENSHIP (REQUIRED) _____

Student Membership. \$31
Please submit verification of active student status with your application.
 Undergraduate Graduate

COLLEGE/UNIVERSITY (REQUIRED) _____

DEGREE PROGRAM (REQUIRED) _____

EXPECTED GRADUATION DATE (REQUIRED) _____

Optional Items

- JOEH print Subscription \$66
(online access is included with membership)

Special Interest Groups (\$10 each) \$ _____

Contribution to AIHF \$ _____

TOTAL AMOUNT DUE \$ _____

Promotion Code: _____

Member Referral (Optional. Include only if you want a current member to be credited.)

Method of Payment

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

- Check payable to AIHA
 VISA MasterCard American Express

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV# _____

NAME ON CARD _____

SIGNATURE _____

Due to security purposes, credit card information can only be accepted via fax at 1-703-207-3561 or by mail.