

MEMBERSHIP INFORMATION

Last Name: _____
 First Name: _____ MI: _____
 Salutation: Mr. Mrs. Ms. Dr. Other: _____
 Informal Name: _____
 Certifications: ASP CAIH CHCM CHMM CHP CIH
 CPEA CSP OHST PE QEP ROH
 Other: _____
 Title/Position: _____
 Office Ph: _____ Home Ph: _____
 Mobile Ph: _____ Fax: _____
 Email: _____
 2nd Email: _____
 Gender: Male Female Date of Birth: _____
 Country of Citizenship: _____
 Previous Member Number (if applicable): _____

PRIMARY ADDRESS #1 (for ALL mailings)

Address/Company: _____
 Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

SECONDARY ADDRESS #2 (optional)

Check this box if you prefer using your Secondary Address for AIHA online membership directory.

Address/Company: _____
 Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

PAYMENT INFORMATION

International Affiliate

Please refer to AIHA bylaws for eligibility requirements

Annual Dues \$49

Optional Items

JOEH print subscription..... \$66
Online access is included with membership

Contribution to AIHF \$ _____

TOTAL AMOUNT DUE \$ _____

Promotion Code: _____

AIHA Employer ID (EIN): 38-1618683

AIHA is unable to accept purchase orders and bank transfers.

Please check one of the following:

Check/money order Payable to AIHA
 Visa MasterCard AMEX Discover

Card #: _____

Exp. Date: _____

Cardholder's Name (please print)

Cardholder's Signature

I certify that all information provided on this application is true. If approved, I agree to comply with the AIHA bylaws and Ethical Principles. I understand that membership is individual and non-transferable and that membership fees are non-refundable.

Applicant's Signature *Date*

AIHA dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. AIHA estimates that 3% of your dues are not deductible because of AIHA's lobbying activities on behalf of its members. Consult your tax advisor.