

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: _____

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: _____

MEMBER PROFILE INFORMATION

Your response will help us provide you with specialized information.

FIELD OF EMPLOYMENT

(check one)

- Academic
- Consultant-Independent Practitioner
- Consulting Firm
- Government/Military
- Health Care/Medical
- Industry (not consulting)
- Other

PRIMARY RESPONSIBILITY

(check one)

- Education/Training
- Field Investigation—Sampling/ Assessments/Expert Witness
- Laboratory
- Management
- Research
- Sales/Marketing
- Other

PRIMARY PRACTICE AREA(S)

(select up to three)

- | | |
|---|---|
| <input type="checkbox"/> Biosafety | <input type="checkbox"/> Ionizing Radiation |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Lab Analysis |
| <input type="checkbox"/> Comprehensive | <input type="checkbox"/> Law |
| <input type="checkbox"/> Computer Applications | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Nonionizing Radiation |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Risk Assessment |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Stewardship/Sustainability |
| <input type="checkbox"/> Exposure Assessment | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Health Physics | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Indoor Environmental Quality | <input type="checkbox"/> Other |

Member Referral

Optional. Include only if you want a current member to be credited.

Members Name: _____

Journal of Occupational & Environmental Hygiene

Members have the option of purchasing a subscription to the print version of the Journal of Occupational and Environmental Hygiene (JOEH). Annual print subscriptions are \$66. Online access to the JOEH is included with membership.

AIH Foundation

The American Industrial Hygiene Foundation (AIHF) gives scholarships to deserving graduate students preparing for careers in industrial hygiene. Contributions to the AIHF may be tax deductible. Consult your tax advisor.

EXPERIENCE/EMPLOYMENT HISTORY

ONLY REQUIRED FOR FULL AND ASSOCIATE MEMBERSHIP. In order to verify your membership eligibility, please provide a listing of experience and/or employment as well as a list of duties/activities and the percentage of time spent in each. The listing of duties/activities should add up to 100%.

CIH # _____

Dates of Employment: _____

Position/Title: _____

Name of Employer: _____

List duties and activities with **PERCENTAGE** of time for each:

Dates of Employment: _____

Position/Title: _____

Name of Employer: _____

List duties and activities with **PERCENTAGE** of time for each:

Dates of Employment: _____

Position/Title: _____

Name of Employer: _____

List duties and activities with **PERCENTAGE** of time for each:

Education

College/University: _____

Degree: _____

Major: _____

College/University: _____

Degree: _____

Major: _____

Special Interest Groups

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.

- | | |
|---|---|
| <input type="checkbox"/> Academic SIG | <input type="checkbox"/> Environmental SIG |
| <input type="checkbox"/> Consultants SIG | <input type="checkbox"/> Indoor Environmental Quality SIG |
| <input type="checkbox"/> Engineering Industry SIG | <input type="checkbox"/> Minority SIG |

PAYMENT INFORMATION

Full, Associate and Affiliate
Annual Dues \$196

Young Professional
Annual Dues \$98
For individuals age 30 and under

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: _____

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*

My dues are paid by:

My company Me

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.