AIHA
Protecting Worker Health

Application for Organizational Membership

Organization Name

Address

City | State | Zip/Postal Code | Country

Phone Number | Fax Number

Website

Primary Contact

Contact Person's Name

Contact Person's Title

Contact Person's Email

Type of Organization

- ☐ Academic
- ☐ Research
- ☐ Consulting
- ☐ Military
- ☐ Government
- ☐ Laboratory
- ☐ Private Industry
- ☐ Service
- ☐ Hospital
- ☐ Insurance
- ☐ Other_____

Membership Dues

Annual dues are prorated based on when your application is received. Proration is applied to the second year of membership and is reflected in your renewal invoice. Proration schedule is as follows:

Date Application Received	Level I Dues	Level II Dues
January 1 – March 31	$300	$990
April 1 – June 30	$225	$742.50
July 1 – September 30	$150	$495
October 1 – December 31*	$300	$990

**includes membership through December 31 of the following year.*

Payment Information

AIHA is unable to accept purchase orders and bank transfers. AIHA Employer ID (EIN): 38-161683

☐ Level I ☐ Level II Amount $_____

☐ Check ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card Number | Expiration Date

Name on Card | Signature

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 9% of your dues are not deductible because of AIHA's lobbying activities on behalf of its members. Consult your tax advisor.

AMERICAN INDUSTRIAL HYGIENE ASSOCIATION
3141 Fairview Park Dr., Ste. 777, Falls Church, VA 22042
(703) 849-8888 ∘ f (703) 207-3561 ∘ www.aiha.org