



## Philadelphia Section AIHA Membership Application/Renewal

Please provide ALL requested information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Certifications: CIH: \_\_\_ CSP: \_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of National AIHA? YES \_\_\_ NO \_\_\_

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Annual Dues Payment: \$25: Payment made via (please select one):

Cash

Check (payable to Philadelphia Section AIHA)

Credit Card (via PayPal- please click the "Dues" button on the Philadelphia Section AIHA web site for payment details)

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After completing all sections of this form, please print out the form and mail it, with your payment, to:

**Philadelphia Section AIHA Dues**  
**c/o PO. Box 126**  
**Royersford, PA 19468**

Philadelphia Section AIHA Tax ID Number (If required): 23-2887780