



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:

Business Fax:

Email Address:

Are you a member of National AIHA?

YES

NO

2010 Dues Payment: \$20: Payment made via (please select one):

Cash

Check (payable to Philadelphia Section AIHA)

Credit Card (via PayPal- please click the "2010 Dues" button on the Philadelphia Section AIHA web site for payment details)

For PayPal payments, this form can be faxed to 610-680-3494.

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