



Philadelphia Section AIHA Membership Application/Renewal

Please provide ALL requested information

First Name: _____ Last Name: _____

Certifications: CIH CSP Other: _____

Employer: _____

Title/Position: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Email (for receiving meeting information/other correspondence): _____

Are you a member of National AIHA? YES NO

Annual Dues Payment: \$35: Payment made via

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)

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 19468-0126**