



## 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

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2009 Dues Payment: \$20: Payment made via

Cash

Check (payable to Philadelphia Section AIHA)

Credit Card (via PayPal- please click the "2009 Dues" button on the Philadelphia Section AIHA web site for payment details)

PayPal Transaction #:

(**REQUIRED** for all PayPal payments; application will be returned to you if transaction # is not provided)

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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