



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

Annual Dues Payment: \$20: 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)

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