



## 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: \$30: 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**