



**Pacific Northwest Section - American Industrial Hygiene Association
MEMBERSHIP APPLICATION**

**P.O. Box 15176
Seattle, Washington 98115-0176
Phone: (206) 525-9908
Fax: (206) 525-9970
Email: administrator@pnsaiha.org**

Date: _____

Name				Professional Designation (i.e. CIH, CSP)					
Employer				Occupational Title or Profession					
Address									
City			State			Zip			
Daytime Phone			Fax Number			Email Address			
Are you a member of National AIHA?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you want to be listed in the Directory as a Consultant?		<input type="checkbox"/>	Yes

(The information above will be used for publication in the membership directory.)

Education

Degree		Major		Yr. Graduated		School	
Degree		Major		Yr. Graduated		School	
Degree		Major		Yr. Graduated		School	

Work experience related to Industrial Hygiene

Duties							
Previous Employer					Dates		
Other professional societies that you are a member							

Membership Dues

- Regular or Associate Membership (\$35.00 - 1-year)
- Student Membership - Attach copy of Student Body Card (\$12.50 - 1-year)
- Honorary Membership - Retired from the I.H. Profession (Free)

<p>METHOD OF PAYMENT</p> <p>My signed check or money order is enclosed. Make checks payable to <i>PNS-AIHA</i> and mail to:</p> <p>NOHC P.O. Box 15176 Seattle, WA 98115-0176</p>	Charge to my credit card	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Credit Card Number	<input type="text"/>					
	Expiration Date	<input type="text"/>					
	Signature	<input type="text"/>					

For Official Use Only: Check Number & Date: _____ Check Received: _____