



## Philadelphia Section AIHA Membership Application/Renewal

Please provide **ALL** requested information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certifications:  CIH  CSP Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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 Square- please click the "Membership/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**

Philadelphia Section AIHA Tax ID Number (If required): 23-2887780