

AIHA-NCS MEMBERSHIP DUES FORM

Name: _____

Address: _____

Phone: _____ FAX _____

e-mail Address: _____

As stated in our By-Laws: "Any member whose dues are unpaid on **March 1st** is not in good standing and shall have no vote or other privileges of membership in the Local Section" (includes a listing in the Membership Directory).

Dues: \$40.00 \$ _____

Donation to CIHC \$ _____

TOTAL \$ _____

To avoid any lapse in your membership, please send this announcement and your check made payable to AIHA-NCS by March 1:

Ms. Leslie B. Lawton
WE PRODUCE
125 Connemara Way, #141
Sunnyvale, CA 94087
FAX (408) 737-2176

You may also pay via credit card. Please provide the following:

MasterCard Visa Discover American Express (*please circle one*)

Name as it appears on card: _____

Card Number: _____ Exp. Date: _____

Card Billing Address: _____

Please also complete the information requested on the back side of this letter (particularly phone, fax and e-mail address) and review your mailing label information. Please make any changes so we can update our records. We thank you for your continued support of the American Industrial Hygiene Association. To ensure our records are as up-to-date as possible, please provide the following information:

Name: _____ Phone Number: _____

If you would like to be published in the Directory, please also indicate your Fax number and e-mail ID: FAX: _____ e-mail ID: _____

In order to classify your Northern California Section membership correctly, please check which category below that best describes your current IH activities and/or affiliation:

- Current full member of National AIHA. National member number _____.
[Full member NCS]
- Practicing IH, not a current member of National.
[Associate member NCS]
- Not a practicing IH, but works, cooperates, or interacts with industrial hygienists. [Affiliate member NCS]
- Retired IH with more than five years of NCS membership.
[Emeritus member NCS]
- Full-time student at graduate or undergraduate level living or attending school within geographical boundaries of AIHA-NCS. Please submit proof of school attendance.
[Student member NCS]
- Other. Please explain:

Become an AIHA-NCS Volunteer!!

Want to meet new people, influence the activities of the section, develop professional contacts, or network? Then fill out the section below. The section thanks you!

Please circle those activities you are interested in; next to your circled activities, prioritize (1, 2, 3, etc.) your interests. A committee chair should get back to you within 4 to 6 weeks.

- | | |
|---|---|
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Membership Development |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Directory |
| <input type="checkbox"/> Dinner Meeting Registration | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Scholarships and Awards | <input type="checkbox"/> CIHC |
| <input type="checkbox"/> Vendor/Volunteer Coordination | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Outreach (IH & Comm/Prof. Liaison) | Other (please list): _____ |

Would you like to become a committee chair? Yes ___ No
