Michigan Industrial Hygiene Society

New Membership Request Form

This form is for those paying with a check. Please print the form and mail the completed copy (keeping a copy for your records) along with your remittance. You will be notified upon acceptance of your application.

*What is your E-mail address? ____

Enter your contact information below:

Name: ______________________________ IH Designation: ______________
(CIH,CSP, etc. - Please limit to your primary)

Title: ____

Company: ____

Address: ______________________________ ☐ Work ☐ Home

Address 2: ____

City/State/Zip: ____

Phone: ______________ ☐ Work ☐ Home Fax Number: ______________

Additional Information:

Membership Level (Select One):

☐ Full Membership - $25 ☐ Associate Membership - $25

☐ Student Membership - $5 ☐ Organizational Membership - $50

☐ Honorary (send form, dues are waived) ☐ Life (send form, dues are waived)

The following information is optional:

Which of the following certifications do you hold? (check all that apply)

☐ CIH ☐ CSP ☐ CHMM

☐ IHT ☐ OHST ☐ PE

Other: (please list - do not include 40 hr. training classes) ______________________

____

Which related organizations are you a member of?

☐ WMIHS ☐ ASSE ☐ SOT ☐ OPA (DRS)

☐ ACGIH ☐ APCA ☐ APHA ☐ AOHN (NURSES)

Other: (please list) ____

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Which of the following committees do you have an interest in?

☐ Awards ☐ International ☐ Newsletter

☐ Community Outreach ☐ Legislative ☐ Nominating

☐ Continuing Education ☐ Membership ☐ Publicity

☐ Program and Arrangements