



MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____
Degree or Certification: _____
National AIHA Member: Yes No
Title: _____
Employer: _____

Please provide your Office and/or Home Address. If you provide both, which would you prefer to be used for any required correspondence? Office Home

Office Address

Street: _____ City: _____
Province/State: _____ Postal Code: _____
Telephone: () _____ Fax: () _____
email: _____

Home Address

Street: _____ City: _____
Province/State: _____ Postal Code: _____
Telephone: () _____ Fax: () _____
email: _____

Were you referred by a current AIHA Local Section member? If so, please enter his/her name in the space below.

Last Name: _____ First Name: _____

My cheque in the amount of \$25.00, for the current year membership in the Local Section is attached.

Signature: _____ Date: _____

Return to: **AIHA BC-Yukon Section**
Suite 112
185 - 9040 Blundell Road
Richmond, BC
V6Y 1K3

Note to Applicants: Associate Membership requires the approval of two-thirds of the Executive Committee of the BC-Yukon Section