



ASSOCIATION
OF OCCUPATIONAL
HEALTH PROFESSIONALS
IN HEALTHCARE

Membership Application

TAX ID: 95-2741452

Thank you for your interest in the Association of Occupational Health Professionals in Healthcare (AOHP). The information you provide will be added to the AOHP membership database. Include either your business or home address, wherever you prefer association mailings to be sent.

Mail or fax completed form with payment to: AOHP Headquarters, 10431 Perry Highway, Suite 210J, Wexford, PA 15090
Fax: 724-935-1560

Last Name: _____ First Name: _____ MI: _____
 Credential: _____ Employer: _____
 Title: _____ Dept: _____
 Mailing Address : Please indicate Home Employer
 Address _____
 City, State, Zip and Country: _____ Email: _____
 Work Phone: _____ Home Phone: _____
 Cell Phone: _____ Fax: _____

Did an AOHP member invite you to join? _____ List the member's name who invited you to join. _____

How did you hear about us? Internet Direct Mailing Press Release Employer LinkedIn
 FaceBook Twitter Other: _____

Membership Status:

- Active: \$175 (may vote and hold office) The membership year is March 1 through the last day of February.
- Active: \$100 (may vote and hold office) If you **join between September 1 and November 30**, and the membership will expire on last day of February in the following year.
- Student: \$95 (currently enrolling full time in a healthcare related program (Enrolled for at least 12 credits or more per semester) and send a copy of student ID and information of enrollment to info@aohp.org or fax to 724-935-1560.; non-voting; may not hold office)
- Retired: \$45 (previous active AOHP member; now non-working and retired; non-voting and may not hold office)

Method of Payment:

Check (payable to AOHP) Mail to: AOHP Headquarters
10431 Perry Highway, Suite 210J, Wexford, PA 15090

Credit Card: Master Card Visa American Express Discover

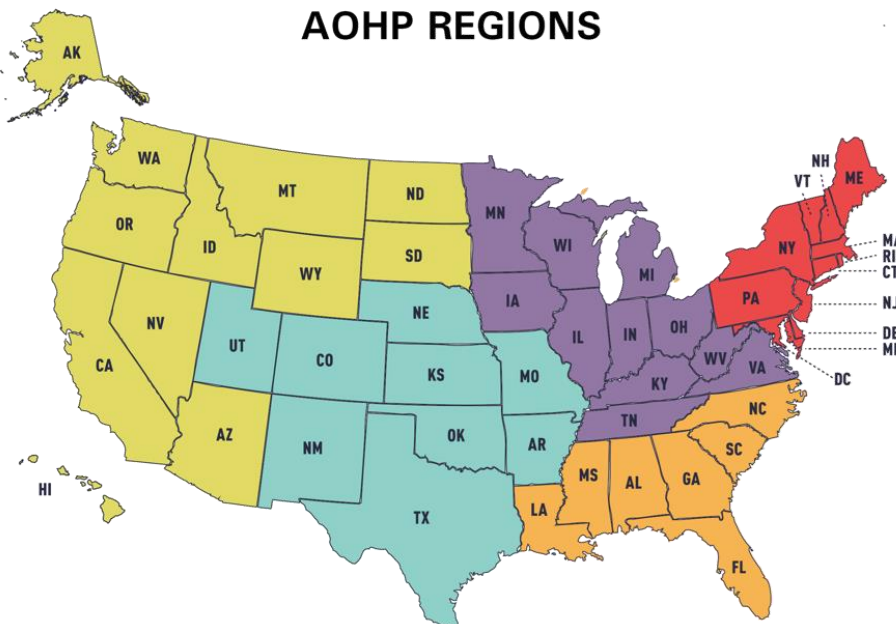
Card Number: _____ Exp. Date: _____
 Cardholder Name: _____ 3-4 digit security code _____
 Card Billing Address: _____

*Credit card cannot be processed without legible, complete and correct billing address.
 City: _____ State: _____ Zip: _____ Country _____


Contact name and phone number if there are questions about credit card: _____

Select Local Chapter: You **MUST** indicate your choice of chapter. If in doubt, please choose the closest chapter in your region. These are the states currently represented in each chapter. This does not mean this is the chapter you must join. You have the choice of which chapter you would like to join.

AOHP REGIONS



Please mail or fax this form with payment to:
 AOHP Headquarters
 10431 Perry Highway,
 Suite 210J
 Wexford, PA 15090
 Fax: 724-935-1560
 You can also join online at
<https://aohp.org/aohp/MEMBERSE/RVICES/HowtoJoin/JoinOnline.aspx>



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|---|---|--|---|--|
| <p>REGION 1</p> <p><input type="checkbox"/> CA Northern
Northern CA</p> <p><input type="checkbox"/> CA Southern
AZ, Southern CA, HI, NV</p> <p><input type="checkbox"/> Pacific Northwest
AK, ID, MT, ND, OR, SD, WA, WY</p> | <p>REGION 2</p> <p><input type="checkbox"/> Heart of America-KS City
AR, KS, MO, NE, OK</p> <p><input type="checkbox"/> Southwest
CO, NM, UT, TX</p> | <p>REGION 3</p> <p><input type="checkbox"/> Upper Midwest
IA, IL, MN, WI</p> <p><input type="checkbox"/> Great Lakes
IN, MI, OH</p> <p><input type="checkbox"/> Eastern Mountain
VA, KY, TN, WV</p> | <p>REGION 4</p> <p><input type="checkbox"/> Mid-Atlantic
DC, DE, MD, PA</p> <p><input type="checkbox"/> Northeast
NJ, NY, CT, MA, ME, NH, RI, VT</p> | <p>REGION 5</p> <p><input type="checkbox"/> Florida
FL</p> <p><input type="checkbox"/> North Carolina
NC</p> <p><input type="checkbox"/> Southeast
AL, GA, LA, MS, SC</p> |
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