



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, 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086  
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 (half-year membership will expire on last day of February in the following year.
- Student: \$95 (must be enrolled full time in healthcare related program (12 credits or more) and submit a copy of student ID and information of enrollment, non-voting; may not hold office)
- Retired: \$45 (previous active AOHP member; now non-working and retired; non-voting and may not hold office)

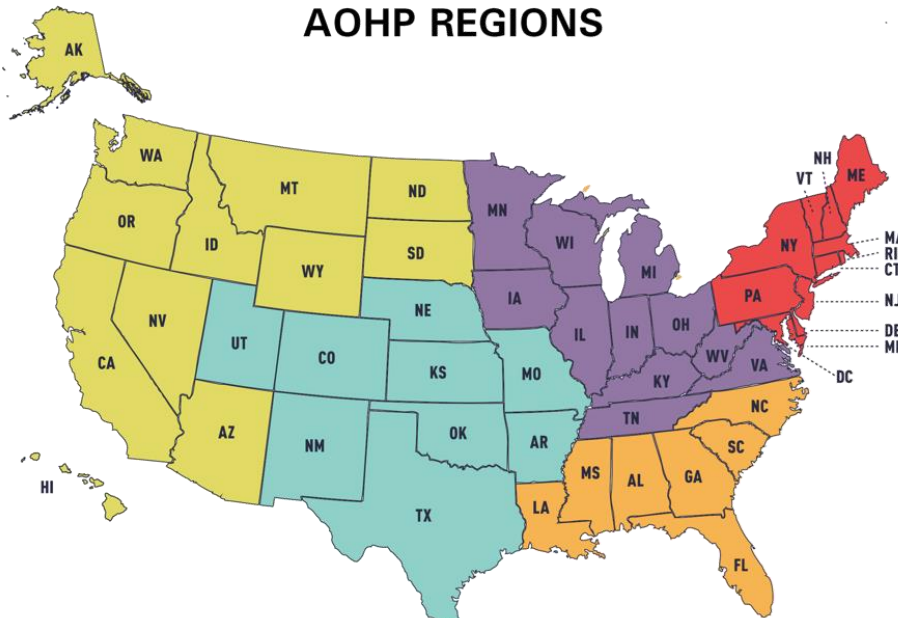
### Method of Payment:

Check (payable to AOHP) Mail to: AOHP Headquarters  
 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086  
 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  
 125 Warrendale Bayne Road  
 Suite 375  
 Warrendale, PA 15086  
 Fax: 724-935-1560  
 You can also join online at  
<https://aohp.org/aohp/MEMBERSE/RVICES/HowtoJoin/JoinOnline.aspx>



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