



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: \$160 (may vote and hold office) The membership year is March 1 through the last day of February.
- Active: \$95 (may cote and hold office) If you **join between September 1 and November 30**, and the membership (half- will expire on last day of February in the following year.
- Student: \$80 (must enclose copy of valid student ID (*Min. 9 credit hours/semester related to occupational health; non-voting; may not hold office)
- Retired: \$30 (previous active AOHP member; now non-working and retired; non-voting and may not hold office)
The membership year is March 1 through the last day of February. Register as a non-member and enjoy 15-month membership from Dec 1, 2022 – Feb 28, 2024 (A \$200 value.)

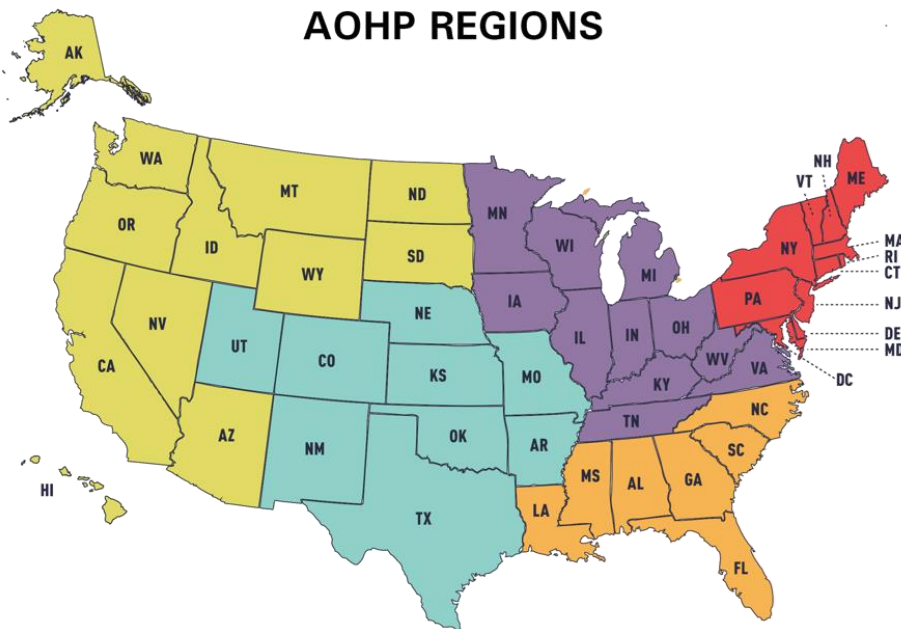
Method of Payment:

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/MEMBERSERVICES/HowtoJoin/JoinOnline.aspx>



REGION 1

- CA Northern
Northern CA
- CA Southern
AZ, Southern CA, HI, NV
- Pacific Northwest
AK, ID, MT, ND, OR, SD, WA, WY

REGION 2

- Heart of America-KS City
AR, KS, MO, NE, OK
- Southwest
CO, NM, UT, TX

REGION 3

- IA/IL
IA, IL, MN, WI
- Michigan
IN, MI, OH
- Virginia
VA, KY, TN, WV

REGION 4

- Mid-Atlantic
DC, DE, MD, PA
- Northeast
NJ, NY, CT, MA, ME, NH, RI, VT

REGION 5

- Florida
FL
- North Carolina
NC
- Southeast
AL, GA, LA, MS, SC

