Local Section Membership Application

(Please Check One) New Membership ✖ Renewal ✖ Date: _____

Name*: _____
(Last) (First) (MI)

Professional Certification(s): (please list)
_____
e.g. (CIH, CSP, ASP, PE, CHMM, etc.)

Job Title: _____

Company: _____

Mailing Address*: _____
(Street) (City/State) (Zip)

Telephone*: ( ) _____ ext. _____ Fax: _____

E-mail Address: _____

*Name, Address and Telephone Number will appear in the membership directory

Are you a member of the National AIHA? Yes _____ (Member # _____) No ____

If yes, what type of membership do you hold? _____

Annual Membership Dues:
Annual Membership: $50.00
Student Membership: No Charge (Full-Time Students or Not Currently Employed)
Retired: No Charge

Make Checks Payable to SCAIHA **and bring the membership form and check in person to an event (Preferred Method)**

If unable to attend an upcoming meeting - return form with check to:

Lydia Feng, Membership Director
Forensic Analytical Consulting Services
2959 Pacific Commerce Drive
Rancho Dominguez, CA 90221