

Membership Dues

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code _____

Bus. Phone: _____

FAX _____

Email: _____

Check if new address

Carolinas Section Annual Dues

- Member \$25
- Student \$10
- New Member \$25

Link to: [Membership Application](#)

Method of Payment

- Check
- Visa
- Master Card
- American Express

Credit Card Number _____

Expiration Date _____

Card Holder's Signature _____

CVV Code (3 digits on back) _____

Card Holder's Name (please print) _____

Make checks payable to AIHA Carolinas Section and mail form to:

Carolinas Section
Attention: Connie McElroy-Bacon
P.O. Box 37129
Raleigh, NC Raleigh, NC 27627-7129
FAX: 919-852-4594
Phone: 919-233-8400