

# Membership Dues

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

FAX \_\_\_\_\_

Email: \_\_\_\_\_

Check if new address

## Carolinas Section Annual Dues

- Member \$35
- Student \$10
- New Member \$35

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 37492  
Raleigh, NC Raleigh, NC 27627-7492  
FAX: 919-852-4594  
Phone: 919-233-8400