Individual Membership Association of Occupational and Environmental Clinics

Name (Include degrees/title)
Address
Telephone
FAX
e-mail
Preferred Directory Address (if different from above)
Professional Interests (choose all that apply):
□Biohazard Science □Biomonitoring □Disability Management □Epidemiology □Ergonomics □Health Education
□Industrial Hygiene □Physician □Nursing □Psychology □Safety □Social Work □Toxicology □Union □Other

Unless indicated above, the information from your membership form will be used in updating our Individual/Clinic Staff Membership Professional Subdirectory. The directory of individual members is intended to enhance intra-association communications and will be provided only to other AOEC members. The new directory will be available by May. When you return your dues, please indicate whether the address listed above is the address you wish to have used in the directory, or if not, which address you would like us to use. *If you would prefer not to be listed*

please indicate that clearly.

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Please return this form with a check or money order (We don't accept credit cards as yet)

Regular	\$40.00
Retirees	\$25.00
Students/Residents	\$25.00
Amount Enclosed:\$_	

Mail form with check to:

AOEC 1010 Vermont Ave., NW #513 Washington, DC 20005

Please make checks payable to **AOEC**. Our Federal ID is 52-1553060.

Thank you.