



Asian Network of
Occupational Hygiene

2017 ANOH Organizational Membership Application

Organization Details

Name: _____

Address: _____

City: _____ Province/State: _____

Zip/Postal Code: _____ Country: _____

Phone Number: _____ Fax Number: _____

Representatives

President

Name: _____

Email: _____

Secretary (main point of contact for all communications)

Name: _____

Email: _____

Representative to the ANOH Board

Name: _____

Email: _____

Membership Fees

* Membership fees vary according to the number of members of your organization.

- | | | |
|--------------------------|---------------------------|------------|
| <input type="checkbox"/> | (less than 100 members) | \$200 USD |
| <input type="checkbox"/> | (between 100-299 members) | \$500 USD |
| <input type="checkbox"/> | (more than 300 members) | \$1000 USD |

Payment

Please complete this form and return to anoh.secretary@gmail.com.
We will send an invoice to the representatives stated above.