



To give life to the world

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Membership Application

International Hyperbarics Association, Inc.



Please check:

Provider Member **New Member**

General Member **Renewal**

Date: ____/____/____

Name

Dr.
Mr.
Mrs.
Ms.

Member No. _____

Referred by: _____

Home Address:

Business Address:

Telephone(____) _____

Fax (____) _____

Telephone(____) _____

Fax (____) _____

E-mail _____

E-mail _____

CERTIFICATION

In making this application to the **International Hyperbarics Association, Inc.**, and if I am accepted, I agree to abide by all of its rules, regulations and policies as these may be promulgated from time to time.

My membership fee of (*select one*): **\$25 (general)** OR **\$1000 (Provider/ Corporate)** is attached to this application.

(Please make checks payable to **International Hyperbarics Association, Inc.**)

Executed on ____ / ____ / ____ at _____
Date *City and State*

Name (*print*) _____

Signature _____

IHA use only	Membership No. _____
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