



AMERICAN INSTITUTE OF HYDROLOGY REQUEST FOR PROFESSIONAL HYDROLOGIC TECHNICIAN CERTIFICATE

MEMBER NAME:

FOR OFFICE USE ONLY
Request Received:
Certificate Number:
Payment Amount:
Check Number:

MEMBERSHIP LEVEL	SPECIALTY AREA
<input type="checkbox"/> Hydrologic Technician Level I	<input type="checkbox"/> Surface Water (SW)
<input type="checkbox"/> Hydrologic Technician Level II	<input type="checkbox"/> Ground Water (GW)
<input type="checkbox"/> Hydrologic Technician Level III	<input type="checkbox"/> Water Quality (WQ)

Each Certificate is printed on glossy paper, suitable for framing. The Certificate remains the property of AIH and must be surrendered upon expiration or termination of your membership.

NAME – EXACTLY AS YOU WANT IT TO APPEAR ON CERTIFICATE (Please print clearly):

SHIP TO ADDRESS:

Name: _____

Company: _____

Address: _____

City: _____ **State/Province:** _____ **Zip:** _____ **Country*:** _____

ATTEST:

In affixing my signature to this Request for Professional Certificate, I affirm that I will use the Certificate and Number in connection with my professional work and under the Rules of Professional Conduct and the Code of Ethics of the American Institute of Hydrology.

I understand that the Certificate remains the property of the American Institute of Hydrology and must be surrendered, within thirty days (30 days), upon termination of my Membership in the American Institute of Hydrology and/or expiration of Certificate.

..... day of,
(Year) (Signature of Member)

PAYMENT METHOD (please check one):

Payment of \$ 35.00 (US Dollars) enclosed Check No.: _____

Charge to Visa MasterCard Diner's Club American Express

Card Number: _____ Expiration Date: _____ V-Code: _____

RETURN WITH PAYMENT IN US DOLLARS TO:

Address: American Institute of Hydrology
1230 Lincoln Drive
Carbondale, IL 62901-6603

Telephone: 618-453-7809 **Fax:** 618-453-3044