THE INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH (ICOH) is an international professional organization dedicated to scientific progress, knowledge and development of occupational health and safety. Founded in 1906 in Milan, Italy, ICOH currently has over 2,000 members in 96 countries. ICOH is recognized by the United Nations as non-governmental organization and has a close working relationship with the International Labour Organization, World Health Organization, International Social Security Association, International Ergonomics Association and International Occupational Hygiene Association. ICOH holds International Congresses on occupational health, and its official languages are English and French.

ICOH PURPOSES

• To enhance the knowledge of members in the field of occupational health.
• To generate and disseminate scientific knowledge in occupational health.
• To support and promote use of knowledge in occupational health practice and in training.
• To promote and maintain the highest standards of moral and professional commitment to the health and safety of workers and their families.

APPLICATION FORM FOR MEMBERSHIP (Please write in BLOCK LETTERS)

Name: ____________________________ Title: ____________________________

Last First Middle

Sex: Male Female Nationality: ____________________________ Date of birth: ____________________________

Present position: ____________________________ Organization: ____________________________

Street: ____________________________

City/State/Postal code: ____________________________ Country: ____________________________

E-mail: ____________________________ Tel/Fax: ____________________________

Professional category: ____________________________

Physician Epidemiologist Hygienist Engineer

Ergonomist Toxilogist Psychologist Nurse

Others (Specify_________________________)

Educational and professional experience:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Proposers (it must be endorsed by 3 members of ICOH)

1. Signature ____________________________ Name ____________________________ Country ____________________________ Applicant’s signature ____________________________

2. Signature ____________________________ Name ____________________________ Country ____________________________

3. Signature ____________________________ Name ____________________________ Country ____________________________

☐ In case of membership acceptance please charge the payment to my Credit Card:

For payment by Visa and Mastercard PLEASE ADD 4% OF THE TOTAL AMOUNT DUE.
For payment by American Express Credit Card, NO COMMISSION.

Cardholder’s Name: ____________________________ Signature: ____________________________ Expiry Date: __/__/____

Card Number: ____________

Please complete and return to:
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