



International Commission on Occupational Health - ICOH
Commission Internationale de la Santé au Travail - CIST

Founded in 1906 as Permanent Commission



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 Toxicologist Psychologist Nurse
Others (Specify.....)
Educational and professional experience : _____

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

1. Signature Name Country
2. Signature Name Country Applicant's signature
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:

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Please complete and return to:
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