

BENEFITS FOR ICOH MEMBERS



- Become a member of the ICOH Global Network
- Belong to the scientific community on occupational health
- Join three ICOH Scientific Committees of your own interest without any additional fee
- Receive the ICOH Newsletter in electronic format three times a year
- Get access to special contents in the private area of the ICOH website
- Get reductions in the registration fees of ICOH Triennial Congresses
- Get 40% off all WHO information products
- Get 50% off all ILO publications
- Get 20 - 30% off the subscription rates of several international scientific journals



TRIENNIAL MEMBERSHIP FEES			
Countries with	GDP < 5,000 USD	5,000 < GDP < 15,000 USD	GDP > 15,000 USD
Active member	45.00 CHF	72.00 CHF	345.00 CHF
Young < 34	30.00 CHF	45.00 CHF	72.00 CHF



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 more than 110 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:

Last

First

Middle

Title:

Sex:

☐ Male

☐ Female

Nationality:

Date of birth:

Present position:

Organization:

Street:

City/State/Postal code:

Country:

E-mail:

Phone:

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:

Please complete and return to:

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