



KCHMM

MEMBERSHIP APPLICATION FORM

Name: _____ Date: _____

Please complete the member profile on the back side of this form.

TYPE OF MEMBERSHIP

_____ AFFILIATE... \$35/calendar year (new membership after July 1st - \$15) – A professional in the field of hazardous materials management (All media: air, water, waste, radiation, safety, transportation) who is not certified as a hazardous materials manager or practitioner.

_____ CERTIFIED MEMBER.....\$35/calendar year (new membership after July 1st - \$15) – Certified Hazardous Materials Manager (CHMM) that holds a senior (basic) or master level of certification; or a Certified Hazardous Waste Practitioner (CHMP). Your national dues DO NOT include Chapter membership dues.

_____ STUDENT MEMBER.....\$10/calendar year – A full-time student at an accredited college, university or institution.

PAYMENT OPTIONS

1. Mail this application and a check payable to KCHMM to:

KCHMM
PO Box 18009
Louisville, KY 40261-0009

2. PayPal. Email a copy of this form and send an online payment to Treasurer@KCHMM.org via PayPal. Please add \$2 as a service fee to your payment. Thus, your payment will be \$37, \$17, or \$12.

_____ Check here if you require a receipt

If you have any questions or need additional information contact Brian Lenihan, Membership Chair, at (502) 267-9181 x 122 or email at BLenihan@AlbertOil.com or visit www.KCHMM.org.



KCHMM MEMBER PROFILE

Name (to be used for name tags): _____

Job Title: _____

Employer/Company: _____

Company Address: _____

E-Mail Address: _____

Phone

Business () _____

Cell () _____

Other: () _____

Are you a Certified Hazardous Materials Manager? Yes _____ No _____ Planned in future? _____

Are you a Certified Hazardous Waste Practitioner? Yes _____ No _____ Planned in future? _____