MEMBERSHIP APPLICATION FOR THE QUEEN CITY CHAPTER OF CERTIFIED HAZARDOUS MATERIALS MANAGERS

CHECK ONE: ☐ New Membership ☐ Renewal

PERSONAL INFORMATION

Name: ☐Mr. ☐Ms. ☐Dr. _____
Last Name First Name Middle Initial

Mailing Address Preferred: (Check One)

☐Residence:_____
Street or Mailing Address City State Zip

Telephone: (____) _____

☐Business: _____
Company Name Title

_____
Street or Mailing Address City State Zip

Telephone: (____) _____

E-Mail: _____

INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT CERTIFICATION LEVEL

☐ Associate ☐Senior ☐Masters Certification Number:_____

TYPES OF MEMBERSHIP AVAILABLE

☐Affiliate Member: $ 25 A professional in the field of hazardous materials management who is not certified as a hazardous materials manager

☐Certified Member: $ 25 Certified Hazardous Materials Manager

☐Student Member: $ 10 A full-time student at an accredited college, university or institution

DIRECTORY LISTING

We plan to provide a list of members, subject of expertise and contact information in a secure, password protected, members only section of our web site. The purpose of this is to provide a source of networking contacts to fellow members. Contact information will be email address only. No phone numbers will be listed.

I ☐Agree ☐Do Not Agree to be listed in the Queen City ACHMM Members Directory.

Areas Of Expertise:_____

_____

Make checks payable to: **Queen City ACHMM**

Mail payment to: **Queen City ACHMM**
P.O. Box 473271
Charlotte, NC 28247

or deliver to the Treasurer at the next chapter meeting.