



*Pennsylvania's Capital Area Chapter of
Certified Hazardous Materials Managers*



MEMBERSHIP APPLICATION

(Please Print When Complete)

This application is for: New Member ____ Renewal ____ Year ____ Change of Address: _____

Are you interested in serving on a Chapter Committee, or as an Officer: Yes ____ No ____

Personal Information

Name: _____ Are you a CHMM? Yes ____ No ____

Name Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Email: _____

Business Information

Company Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Email: _____

Type of Business:

Consulting ____ Laboratory ____ Industry ____ Government ____ Legal ____ Other ____

General Information

Where would you like all CHMM correspondence sent? Home: _____ Business: _____

What are your areas of expertise? Air ____ Water ____ Health & Safety ____ RCRA ____

Assessments ____ Audits ____ Other ____

Memberships in other professional societies: _____

Membership Information

Please note the membership category you applying to:

Certified Member (CHMM's Only) - \$30 Associate Member (Non-CHMM's) - \$30

"Young Alumni" Member (certified within last 18 months) - \$25 Student/Retired Member - \$15

Please enclose a check payable to: PA Capital Area Chapter CHMM

**Mail to: Robert Smee, CHMM
c/o RR Donnelley
1375 Harrisburg Pike
Lancaster, PA 17601**