



*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

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

Mail to: Chapter Treasurer
318 Bridge Street
P.O. Box 534
New Cumberland, PA 17070-0534