

North Star Chapter of the ACHMM

Membership Application

Personal Information

Name: _____

Title: _____

IHMM Certification Level (circle one) MASTER SENIOR CHMM#: _____

Address (circle one) HOME BUSINESS

Company Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address _____

Grades of Membership Available (check one)

_____ Voting Member: \$40.00/yr- Holds a basic or master level of certification.

_____ Student Member: \$5.00/yr- Full time student at an accredited College or University.

_____ Sustaining Member: \$50.00/yr- Any person or organization interested in promoting the principles the North Star Chapter of Certified Hazardous Materials Managers.

_____ Affiliate Member: \$40.00/yr- Professional in the field of hazardous materials management .

Membership Agreement

The applicant applies for membership in the North Star Chapter of the ACHMM and certifies that all statements made in this application are correct and, if elected to membership, agrees to abide by the and Code of Ethics.

Signature _____ Date _____

Make checks payable to the North Star Chapter of the ACHMM

Mail to:

North Star Chapter of the ACHMM

c/o Mark Schwarze

PO Box 111

Minneapolis, MN 55440-0111