Greater Ozarks Chapter, ACHMM
PO Box 3433
Springfield, Missouri 65808

Please type or print the following using black or blue ink.

CHECK ONE: New Membership
□ Renewal
□ Change of Address

PERSONAL INFORMATION

Name: Mr. □ Ms. _____
Last First Middle

Mailing Address: *(Check location at which you prefer to receive information)*

□ Residence: _____ _____ _____ _____
Address City State Zip

(_____) _____-_____ (_____) _____-_____ _____
Telephone FAX Email Address

Business:
Title Company Name

Address City State Zip

Telephone FAX Email Address

CERTIFICATION INFORMATION *(If Applicable)*

Level: *(Check one)*
□ Master
□ Senior

Certification #: _____

Date of Initial Certification: _____/_____/_____

Date of Last Recertification: _____/_____/_____

MEMBERSHIP INFORMATION

Type: *(Check one)*

□ Certified Member ($30)
Any person who has achieved certification as a hazardous materials manager at any level, as defined by the Institute of Hazardous Materials Management.

Affiliate Member ($30)
Any person with an interest in the field of hazardous materials management or the environment who does not meet the definition of a Certified Member and who does not qualify as a Student Member.

□ Student Member ($15)
Any person currently attending an institute of higher education with an interest in the field of hazardous materials management or the environment. Include a copy of valid student identification with the application.

Make checks payable to: ***Greater Ozarks Chapter, ACHMM***

SIGNATURE

The undersigned hereby applies for membership in the Greater Ozarks Chapter of the Academy of Hazardous Materials Managers and certifies that all statements made in this application are correct and agrees to abide by the Chapter By-Laws and the Code of Ethics.

Signature: _____ Date:__/___/_

Mail application and payment to:

Greater Ozarks Chapter, ACHMM
Attn: Treasurer
PO Box 3433
Springfield, MO 65808