

*The Greater Wisconsin Chapter of the  
Academy of Certified Hazardous Materials Managers*

## 2002 MEMBERSHIP APPLICATION

(Please Print or Type)

Date: \_\_\_\_\_

Classification: CHMM ( ) Associate ( ) Honorary ( ) [Review Course Speakers receive 1 year free membership]

CHMM Number: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Business Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip+4: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip +4: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Where do you want GWC-ACHMM correspondence sent? Business ( ) Home ( )

Are you interested in volunteering as an active member for the Chapter? YES ( ) NO ( )

If yes, how? Officer ( ) Board Member ( ) Course Speaker ( ) Exam Proctor ( ) Other ( )

Interested in speaking at the 3-day Review Course? YES ( ) Topic (area of expertise) \_\_\_\_\_

Any Comments or Suggestions? \_\_\_\_\_

**Enclose your check for \$20 (except Honorary members) for annual dues payable to "The Greater Wisconsin Chapter of ACHMM" and mail to:** Jerry Kelly, Treasurer

GWC-ACHMM

P. O. Box 466

Madison, WI 53701-0466