



GREATER OZARKS CHMM
 PO BOX 3433
 SPRINGFIELD, MISSOURI 65808

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

CHECK ONE: New Membership Change of Address
 Renewal

PERSONAL INFORMATION

Name: _____
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)

Certification #: _____ _____	Date of Initial Certification: ____/____/____ Date of Last Recertification: ____/____/____
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MEMBERSHIP INFORMATION

- Type: *(Check one)*
- Certified Member (\$30)**
Any person who has achieved certification as a hazardous materials manager, 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 CHMM**

SIGNATURE

The undersigned hereby applies for membership in the Greater Ozarks CHMM 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 CHMM
 Attn: Treasurer
 PO Box 3433
 Springfield, MO 65808