

**Heartland Chapter of the  
Academy of Certified Hazardous Material Managers**

Date (MM/DD/YY): \_\_\_\_\_ of Application

<u>Membership Category</u>	<u>Amount Due</u>
Primary (Current CHMM's <b>must</b> include #)	\$25.00
Affiliate (Non-CHMM's)	\$30.00
Retired CHMM's	\$15.00
Student (Current College Students)	\$10.00
Sustaining (Companies supporting the Chapter)	\$250.00

Please complete the form below and return it with your check, payable to **HEARTLAND CHAPTER, ACHMM**

**Laura Splichal**  
CDM  
9200 Ward Parkway, Suite 500  
Kansas City, MO 64114

- Yes, I want to be a member-Dues are enclosed.  
 No, I do Not want to be a member. However, please continue to e-mail the newsletter.  
(Newsletters will not be mailed or faxed to non-members.)  
 No, I do Not want to be a member. Do Not send me the newsletters.

*NOTE: Complete the information below to renew membership and/or receive the newsletter. All information should be completed.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **CHMM#:** \_\_\_\_\_

**Home Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Business Address:**

**Company Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*NOTE: The Chapter prefers to e-mail all newsletters and correspondence. The Chapter will mail newsletters and/or fax them to your home or business. Please check your preference by indicating below. (Check only one.) You may **highlight** the contact numbers above if you choose.*

- Please e-mail and/or contact me at the business numbers.  
 Please e-mail and/or contact me at the home numbers.  
 Please e-mail at either address.  
 Please mail and/or contact me at the business numbers.  
 Please mail and/or contact me at the home numbers.