

**NATIONAL CAPITAL CHAPTER  
ALLIANCE OF HAZARDOUS MATERIAL MANAGERS**

Membership Application / Information Form

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

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CHMM: Yes \_\_\_ No \_\_\_ CHMM # \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

How did you learn about the National Capital Chapter, AHMP? \_\_\_\_\_

\_\_\_\_\_

What topics would you most like to learn about at an AHMP Meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On what subject(s) could you make a 15 - 40 minute presentation to the chapter?

\_\_\_\_\_

\_\_\_\_\_

**I hereby apply for membership in the National Capital Chapter – AHMP:**

**Signature**

**Date**

Dues: \$25 / year for Certified & Affiliate members; \$20 / year full-time students.

- **Dues checks payable to National Capital Chapter, ACHMM** (with a copy of this membership form)  
Our EIN# / Tax ID is: 32-0064687
- Mail membership form and dues check to:  
Andrea Schuessler, CHMM, 14 Orchard Way North, Rockville, MD 20854

**Chapter Use Only:**

Dues Year	Certified / Affiliate / Student	Check # / Cash	Date