



Central Ohio Certified Hazardous Materials Managers 2018 Membership Application

Membership Option (select one):

_____ \$50/year **Certified Member** (CHMM, CHMP, or HMMT credential)

_____ \$50/year **Professional Member** (10 years relevant experience, bachelors or higher degree count as 4 years, associate's degree count as 2 years)

_____ \$50/year **Associate Member** (stakeholder in the hazardous materials industry)

_____ \$80/year **Business/Corporate/Organization Membership** (includes 2 individuals – additional members \$40 each)

_____ \$20/year **Student Membership** (full-time student)

Name: _____ **ID # (if a CHMM, CHMP or HMMT)** _____

Employer: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____

Second Member (Business/Corporate/Organization Membership)

Name: _____ **ID # (if a CHMM, CHMP or HMMT)** _____

Employer: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____

I verify that I have read and will abide by the COCHMM bylaws.

Signature: _____ **Date:** _____

Enclose check payable to COCHMM and provide it to a COCHMM board member or mail to:

COCHMM c/o Philip D. Slaiman, COCHMM Treasurer, 5323 Carina Court, Hilliard, Ohio 43026-9710