



Central Ohio Certified Hazardous Materials Managers 2020 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; each member must complete an application)

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

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

Employer: _____

Mailing Address: _____

E-mail Address: _____

Secondary E-mail Address: _____

Telephone Number: _____

Twitter: _____

LinkedIn: _____

Facebook: _____

☐ 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 Bennett Thayer, Treasurer,
7830 North Central Drive, Suite B, Lewis Center, Ohio 43035

www.cochmm.org