Name: ____________________________ Date: ________________

Please complete the member profile on the back side of this form.

**TYPE OF MEMBERSHIP (check one)**

**CREDENTIALED**

_____ ACTIVE MEMBER… $35 / calendar year (new membership after July 1st - $17.50) – Credentialed refers to possession of a nationally recognized professional credential, license, and/or certification. Examples include a Certified Hazardous Materials Manager (CHMM), Certified Hazardous Materials Practitioner (CHMP), Certified Dangerous Goods Professional (CDGP), Certified Dangerous Goods Trainer (CDGT), Certified Environmental, Safety & Health Trainer (CET), Engineer in Training (EIT), Professional Engineer (PE), Professional Geologist (PG), Qualified Environmental Professional (QEP), Registered Environmental Manager (REM), Certified Industrial Hygienist (CIH), Associate Safety Professional (ASP), and Certified Safety Professional (CSP).

_____ LIFE MEMBER… No dues. A “Life” member is an Active Member of the Chapter who maintains his or her professional credential(s), who has been recommended to Life membership by unanimous vote of the Board of Directors and a majority vote at the annual meeting, or who has served as President of KCHMM.

**NON-CREDENTIALED**

_____ AFFILIATE… $35 / calendar year (new membership after July 1st - $17.50) – A professional in the field of hazardous materials management (including all media: air, water, waste, radiation, safety, transportation) who is not in possession of a nationally recognized professional credential, license, and/or certification.

_____ STUDENT MEMBER… $10 / calendar year – A full-time student at an accredited college or institution who is pursuing a degree in a discipline related to hazardous materials management.

_____ RETIRED MEMBER… No dues. A member may be designated a Retired member upon written request to the Board of Directors.

_____ LIFE MEMBER… No dues. A non-credentialed “Life” member is an Active Member of the Chapter who is not credentialed or whose previous professional credential has lapsed, who has been recommended to Life membership by unanimous vote of the Board of Directors and a majority vote at the annual meeting, or who has served as President of KCHMM.
KCHMM MEMBER PROFILE

Name (to be used for name tags): _________________________________________________________

Job Title:  _________________________________________________________

Employer / Company: _________________________________________________________

Preferred Mailing Address: _________________________________________________________

Preferred Email Address: _________________________________________________________

Phone no(s):  
Business (_____) ____________________________________________________________________

Cell (_____) ________________________________________________________________________

Other (_____) _______________________________________________________________________

Do you currently hold any of these credentials?

___ Certified Hazardous Materials Manager (CHMM)           ___ Registered Environmental Manager (REM)
___ Certified Hazardous Materials Practitioner (CHMP)        ___ Certified Industrial Hygienist (CIH)
___ Certified Dangerous Goods Professional (CDGP)            ___ Associate Safety Professional (ASP)
___ Certified Dangerous Goods Trainer (CDGT)                ___ Certified Safety Professional (CSP)
___ Certified Enviro, Safety & Health Trainer (CET)         ___ Other current credential: _______________________
___ Engineer in Training (EIT)                              __________________________________________
___ Professional Engineer (PE)                              __________________________________________
___ Professional Geologist (PG)                             __________________________________________
___ Qualified Environmental Professional (QEP)              ___ Planned in future: _______________________

Notes (optional): _____________________________________________________________________

___________________________________________________________________________________

PAYMENT OPTIONS

1. Mail this application and a check payable to KCHMM to:
   
   KCHMM
   
   PO Box 18009
   
   Louisville, KY 40261-0009

2. PayPal. Email a copy of this form and send an online payment to Treasurer@KCHMM.org via PayPal. Please add $2 as a service fee to your payment. Thus, dues payments with fee will be $37, $19.50, or $12.
   
   ___ Check here if you require a receipt. Membership dues are not tax deductible.

Visit www.KCHMM.org for additional info. We look forward to seeing you at an upcoming meeting!