ROCKY MOUNTAIN CHAPTER OF CERTIFIED HAZARDOUS MATERIAL MANAGERS

APPLICATION FOR MEMBERSHIP

*Please type or print legibly. *Required field.*

***Name (Last, First, Middle)**	***Email Address**
***Mailing Address**	***Telephone**
***Employer Name and Address**	**Department**
Job Title and Brief Description of Duties:	
Specialty Areas (Regulatory analysis, Air, EMS, RCRA, etc.):	
***TYPE OF MEMBERSHIP:**	
____ Voting Member CHMM No: _____ Level: S M Date Certified: _____ Voting member: Individuals who have achieved certification as a Certified Hazardous Material Manager at the Senior or Master Level as defined by the Institute of Hazardous Material Management.	
____ Affiliate Member (non-voting) **_____ Student Member (non-voting)** Affiliate Member: Individuals with an interest in the field of hazardous material management that are not currently registered CHMMs or students. Student member: A full time student at an accredited college, university, or technical institution who is pursuing a degree in a discipline related to hazardous material management.	
CURRENT MEMBERSHIPS IN OTHER PROFESSIONAL ORGANIZATIONS:	
1.	3.
2.	4.
My signature attests to the truthfulness of the information submitted, permits verification by the Chapter, and frees the Chapter of liability should my application be rejected on the basis of investigation of my qualifications.	
***Signature:**	***Date:**

Mail to:

Steve Riner, CHMM
Treasurer, RMC – CHMM
71 S. Calle del Sud
Pueblo West CO 81007-1807

Or Fax to: 719-562-5425