



*Indiana Alliance of Hazardous Materials Responders*

**"One Voice - One Goal"**  
**IAHMR MEMBERSHIP APPLICATION**

Please Complete:

Company/Organization: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

(Street or P.O. Box)

\_\_\_\_\_

(City, State, Zip Code)

Title & Name:

\_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address

\_\_\_\_\_

**Note:** The person listed on this application will hold the voting rights for his/her organization unless otherwise specified.

Approximately how many employees or members does your company or organization represent \_\_\_\_\_?

Will your company, department or organization require an invoice for membership fees?

Yes or No

Billing Information:

Invoicing Contact: \_\_\_\_\_ Phone:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_

\_\_\_\_\_

Annual Membership Fees are \$200.00 per organization. Please remit all payments to the Indiana Alliance of Hazardous Materials Responders at the address listed at the top of this application. Thank you.

Last modified: April 30, 2008