



2012 Membership Application

Your membership in SCHC will help us continue to promote improvement of chemical hazard communication. We look forward to your participation in SCHC meetings, professional development courses, and committees and welcome your membership in SCHC.

Suzanne Matuszewski
President

Only one (1) name per application. Photocopy this application if you need to apply for more than one person.

	↓	Check Here if Any Corrections
NAME	<input type="checkbox"/>	
Title	<input type="checkbox"/>	
Affiliation (Company)	<input type="checkbox"/>	
Address (line 1)	<input type="checkbox"/>	
Address (line 2, if necessary)	<input type="checkbox"/>	
City, State, Zip Code	<input type="checkbox"/>	
Country	<input type="checkbox"/>	
Phone Number	<input type="checkbox"/>	<input type="checkbox"/> Keep me on mailing list
Fax Number	<input type="checkbox"/>	
E-Mail Address	<input type="checkbox"/>	<input type="checkbox"/> Remove me from mailing list
Web Page Address	<input type="checkbox"/>	

<i>New Members: Please tell us how you heard about SCHC</i>	
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<i>Please list any other organization that you are aware of that might be interested in knowing about SCHC and what we do. The Outreach Committee will follow-up with them. Thank you.</i>	
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GENERAL MEMBERSHIP

2012 Membership Dues	\$ 90.00	Amount Paid	\$ _____
2012 Membership Dues & Consultant Listing	\$190.00	Amount Paid	** \$ _____

SIGN UP FOR TWO YEARS !!

2012/2013 Membership	\$180.00	Amount Paid	\$ _____
2012/2013 Membership Dues & Consultant Listing	\$380.00	Amount Paid	** \$ _____

Membership runs a calendar year and is non-transferable.

TOTAL PAID \$ _____

To pay by credit card, complete processing form on back of Membership Form.

**** If paying for the Consultant Listing, please provide a description of your consulting services: Your listing will appear on the SCHC website.**

<u>LIMITED TO 200 CHARACTERS.</u>

Make Check Payable to SCHC (Fed. I.D. #52-126 0336)	
Return Payment and Completed Form To:	
Society For Chemical Hazard Communication	PHONE: 703/658-9246
P.O. Box 1392	FAX: 703/658-9247
Annandale, VA 22003-9392	E-MAIL: SCHC.Lori@verizon.net

NOTE: Membership dues may be deducted as a business expense.



Society for Chemical Hazard Communication

P.O. Box 1392

Annandale, VA 22003-9392

Telephone: 703/658-9246 Fax: 703/658-9247

schc.lori@verizon.net

Credit Card Processing Form

Type of Card: American Express MasterCard Visa

Amount: \$ _____

Card No. _____ Expiration: _____

Verification Value: _____ (3--digit code on back of MasterCard/Visa, following account number)
_____ (4-digit code on front of American Express, just above account number)

Name as it appears on the Credit Card: _____

Billing street address _____

City State Zip Code

Telephone: _____

If payment is for someone other than the credit card holder, please identify to whom this payment is to be applied: _____

Cardholder agrees to be bound by the terms of SCHC's payment and refund policies as stated on its brochures and meeting registration form. Cardholder agrees to be responsible for payment of fees if cancellations are made after the cancellation deadline. Membership Dues are for individuals for one calendar year and are non-transferable and non-refundable.

DATE: _____

Cardholder Signature

A receipt will be mailed to the member. Please provide the email address for anyone else you wish to receive a receipt: _____