



# 2008 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.

Ann Brockhaus  
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"/>	

***New Members: Please tell us how you heard about SCHC***

**GENERAL MEMBERSHIP**

2008 Membership Dues	\$ 90.00	Amount Paid	\$ _____
2008 Membership Dues & Consultant Listing	\$190.00	Amount Paid	\$ _____*

**SIGN UP FOR TWO YEARS !!**

2008/2009 Membership	\$180.00	Amount Paid	\$ _____
2008/2009 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.

**\*\* Please provide a description of your consulting services: This listing will appear in the membership directory and on the SCHC website. Include your web address and/or email.**

**LIMITED TO 200 CHARACTERS.**

**Make check payable to SCHC and mail payment to:**

**SCHC  
P.O. Box 1392  
Annandale, VA 22003-9392**

**Federal I.D.#52-126-0336**

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

### 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
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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**