



# Membership Application

Name: \_\_\_\_\_ Organization Affiliation: \_\_\_\_\_

(Check the street address and email address where you want to receive association information)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  E-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  E-mail: \_\_\_\_\_

Telephone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Referral or sponsorship by (optional): \_\_\_\_\_

## MEMBERSHIP TYPE:

### Individual: \$20 annually

*Any person that responds to or serves in support of tactical emergency operations relative to the release of a hazardous or toxic substance in the Commonwealth shall be eligible for membership*

*(Voting privileges included)*

### Business: \$100 annually

*Any business interested in promoting safe and effective response to hazardous materials incidents and concerned with furthering the goals and objectives of the association*

*(Non-voting)*

### Affiliate: \$10 annually

*Any person who may not be directly responsible for operational response or support for hazardous materials incidents but who supports the mission and objectives of the association*

*(Non-voting)*

(Applications for membership (new or renewal) will not be acted upon until all appropriate fees have been submitted)

Membership:  New  Renewal

Individual \$ \_\_\_\_\_

Affiliate \$ \_\_\_\_\_

Business \$ \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

(\$5 late fee for renewal after June 1)

Amount Enclosed \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Please present this application and one year's dues to any VAHMRS member or mail to:**

VAHMRS  
7109 Staples Mill Road  
Box 704  
Richmond, VA 23228-4110

### Membership Committee Action:

Received (Date) \_\_\_\_\_

(By) \_\_\_\_\_

Recommendation:  Approve

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