***Connecticut Chapter of ACHMM Inc.***

Mailing Address: CT ACHMM P.O. Box 604 Plainville, CT 06062

www.ctachmm.org

***Chapter Membership Form***

Please fill out the form below and send it and the Chapter membership fee of $30 to.

John Murray CHMM CSP CIH

CTACHMM Membership Chair

CTACHMM Inc.

P.O. Box 604

Plainville, CT 06062

Fax: 413.794.1403

Email: John.Murray@baystatehealth.org

Chapter email: contactus@ctachmm.org

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| Name: |  |
| Organization: |  |
| Work Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Work Telephone#: |  |
| E-Mail: |  |
| Mail To: Home Or Work |  |
| Home Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Home Telephone #: |  |
| Home E-Mail: |  |
| CHMM? (membership open to CHMM and non-CHMM) | Yes  | No  |
| If CHMM, IHMM Certification Number |  |
| Do you want to be on the CTACHMM Website Listing as available for CHMM regulatory review and sign-off? | Yes  | No  |