

**Materials Handling & Management Society  
 Chicagoland Chapter  
 1460 Renaissance Dr. Suite 400  
 Park Ridge, IL 60068  
 (847) 9540-4240 Fax: (866) 651-3639  
 Date: \_\_\_/\_\_\_/\_\_\_**

<p><b>Business Address</b>          ___ Check here if you want your mail sent to your business</p> <p>Name _____                    First          Middle          Last</p> <p>Title _____          Company _____          P.O. Box _____          Street Address _____          City _____ Chicagoland Chapyrt          State/Province _____ Zip/PostalCode _____          Phone _____          Country _____          Fax _____          E-Mail _____</p>	<p><b>Home Address</b>          ___ Check here if you want your mail sent to your home.</p> <p>P.O. Box _____          Street Address _____          City _____          State/Province _____ Zip/Postal Code _____          Country _____          Phone _____          Fax _____          E-Mail _____</p>
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I, \_\_\_\_\_ (Signature), hereby apply for membership in the Materials Handling & Management Society and agree to abide by the MHMS by-laws and constitution.

Any questions please contact Jim Schultz at (847) 535-2058 or Bill Barrett at (847) 647-4603.

**EDUCATION \_\_ (Highest level attained)**

High School \_\_\_\_\_ Trade School \_\_\_\_\_ Associates Degree \_\_\_\_\_ Tech School/College \_\_\_\_\_  
 Undergraduate Degree \_\_\_\_\_ Masters Degree \_\_\_\_\_ Doctorate Degree \_\_\_\_\_ Certification \_\_\_\_\_

**MAJOR EMPLOYMENT RESPONSIBILITY**

Owner \_\_\_\_\_ Manager \_\_\_\_\_ Supervisor \_\_\_\_\_ Technician \_\_\_\_\_ Engineer/Analyst \_\_\_\_\_  
 Other \_\_\_\_\_

**EMPLOYMENT TYPE OF ORGANIZATION**

Manufacturer \_\_\_\_\_ Warehousing/Distribution \_\_\_\_\_ Merchandising \_\_\_\_\_ Consulting \_\_\_\_\_ Dealer \_\_\_\_\_  
 Publisher \_\_\_\_\_ Software/Computer Services \_\_\_\_\_ Educator \_\_\_\_\_ Government/Military \_\_\_\_\_

**NUMBER OF EMPLOYEES AT YOUR EMPLOYMENT LOCATION** 20 or Less \_\_ 21-50 \_\_ 51-100\_\_ Over 100\_\_

**NUMBER OF YEARS IN PRESENT POSITION** \_\_\_\_\_ **NUMBER OF YEARS IN PROFESSION** \_\_\_\_\_

**ARE YOU INTERESTED IN CHAPTER ACTIVITY?** Y or N Type \_\_\_\_\_

**DO YOU HOLD A CURRENT MHMS CERTIFICATION?** Y or N Type \_\_\_\_\_ Year Obtained \_\_\_\_\_