

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

<p>Business Address ___ 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>Home Address ___ 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 _____