



Application For Certification

I hereby apply for certification with the Materials Handling & Management Society as (check one):
(CAMH) Certified Associate in Materials Handling
(PCMH) Professional Certified in Materials Handling

Name (Please Print): _____

Company: _____

Street: _____

City, State and Zip: _____

Professional Employment Experience:

Company: _____

Address: _____

Years in Industry: _____

Current Duties: _____

Supervisor's Name: _____

Phone/Fax Numbers: _____

I am a member of (check all appropriate):

_____ M.H.M.S.

_____ A.P.I.C.S.

_____ C.L.M.

_____ I.I.E.

_____ W.E.R.C.

College or University Education:

Name/Location: _____

Degrees / Major: _____

Graduation Date: _____

If not a graduate, total hours earned: _____

References (3) each, please use supplied form:

You must submit three letters of reference, all of whom are currently active in some management phase of materials handling or materials management and are familiar with your work. Please be sure to include the name, company, address, and phone number of your references along with the letters.

I hereby attest that all information on this application is correct, and nothing, which might be detrimental, has been withheld. Further, I grant my permission to the Certification Committee of MHMS to make inquiries which are necessary in evaluating my credential for certification. I agree to abide by the decision of the Certification Committee of MHMS with respect to approval of this application.

Signature _____ Date _____

Accepted payment form is check by mail only.

Don't forget to include your employment information and references. Failure to do so will delay the processing of your application.

Please fill out completely and fax or mail to:

Materials Handling and Management Society: 505 Crescent Blvd. Glen Ellyn, IL, Phone: 847-535-2058- Fax:847-367-8058