

Alliance for Chemical Safety Membership Application



Organization name: _____

Organization representative: _____

Title: _____

Organization address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Fill out ONLY if you are an industrial facility.

Number of chemicals your facility annually reports under EPCRA 312:

Fill out ONLY if you are a consultant.

Number of employees at your local office:

Please mail, email, or fax this form to Kelly Walsh, Coordinator, Alliance for Chemical Safety, 1800 Carillon Boulevard, Cincinnati, OH 45240, Fax: 513/825-7495, Email: kwalsh@eqm.com

If you have questions, please contact Kelly Walsh at 513/568-7624.