



Alliance for Chemical Safety Membership Application

Organization name: _____

Organization representative: _____

Title: _____

Organization address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Would you like to participate in one of the following ACS Committees?:

Membership Communications Process Safety Emergency Response

Signature: _____ Date: _____

Fill out the following **ONLY** if you are an industrial facility.

Number of chemicals your facility annually reports under EPCRA 312:

Fill out the following **ONLY** if you are a consultant.

Number of employees at your local office:

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

If you have any questions, please contact Deb at 513/515-1041.