



# SMRP Chapter Membership

Please fax or mail this application with dues payment to:  
SMRP  
8400 Westpark Drive, 2nd floor, McLean, VA 22102-5116  
Fax: 703-610-0249

Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

Credentials (ie: CMRP, PE): \_\_\_\_\_ Division/Department: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Chapters

Carolinas-(\$25)

Mid-Ohio Valley-(\$0)

Central Ohio-(\$24)

Northeast Florida-(\$25)

Chicagoland-(\$25)

Nebraska-Iowa-(\$0)

Detroit-Windsor-(\$25)

Northern Ohio-(\$25)

Hamilton -(\$0)

South Louisiana-(\$25)

Houston-(\$0)

Southeast Virginia-(\$25)

Indiana-(\$40)

Middle Tennessee-(TBD)

**How did you hear about SMRP?** (circle one)

Colleague      Publication      Website      Other \_\_\_\_\_

**Were you referred by a SMRP members?** If so, please include name

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## Payment Information

Payment Method: VISA      MASTERCARD      AMEX      CHECK      PO# \_\_\_\_\_

Amount \$ \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature: \_\_\_\_\_