



**BCHCM**



**CHSP**



**CPSO**



**CHEP**



**CPSM**

**INTERNATIONAL BOARD FOR CERTIFICATION OF SAFETY MANAGERS**

173 Tucker Road, Suite 202  
Helena, Alabama 35080

*(Remit To Address: (BCHCM) P.O. Box 515 Helena, AL 35080)*

Executive Director: **Jim Tweedy**  
Phone: 205-664-8412 Fax: 205-663-9541  
Email: [Information@chcm-chsp.org](mailto:Information@chcm-chsp.org)

<u>Please list all fees/dues below:</u>	<u>Total Amount Due</u>
	<b>\$</b> _____
	* Retiree Amount \$35.00 *

**Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Number** \_\_\_\_\_  
**Certification** \_\_\_\_\_ **Number** \_\_\_\_\_  
**Certification** \_\_\_\_\_ **Number** \_\_\_\_\_

FED ID # = 52-1061312

Home Address Changes : _____ _____ _____ _____ _____ Work Address Changes: _____ _____ _____ _____
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**Mail this form & payment to:**

**(BCHCM)**  
**P.O. Box 515**  
**Helena, AL 35080**

**CREDIT CARD OPTION:**

Fill out credit card info below and choose an option for payment:

- 1) Fax to **205-663-9541**
- 2) Pay Online: [www.chcm-chsp.org](http://www.chcm-chsp.org)
- 3) Mail to above address

Name On Card: \_\_\_\_\_ Signature \_\_\_\_\_

Visa/MasterCard/Amex (circle one): \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Zipcode: \_\_\_\_\_ Security # on card (3-digit) \_\_\_\_\_

*Please Note: If you have already sent in payment please disregard this invoice. Thank you*