



**MATERIALS HANDLING AND MANAGEMENT SOCIETY
OF ONTARIO**

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P.MM APPLICATION FORM

NOTE: Completion of this application and payment of the assessment fee of **\$150** is required prior to the Professional Standards Committee reviewing your submission for recognition as a P.MM (Professional in Materials Management). Corresponding documentation and professional references may be required from an applicant.

First Name: _____ Last Name: _____

Job Title: _____

Employer: _____

Business Address: _____

City/Province: _____ Postal Code: _____

Preferred Mailing Address: _____

Day-time Phone #: _____ Fax #: _____

E-Mail Address: _____

Years of Supervisory Experience: _____ Relevant Work Experience: _____

Professional Designations (please circle): PCMM PCMH CITT P.LOG P.ENG

Education: _____ University Degree in Logistics _____ University Degree in Materials Management

_____ College Certificate/Diploma in Logistics, Operations or Materials Management

_____ Other (please specify)

Institution and Year of Graduation: _____

Additional Professional Training: _____

MHMS Ontario Member: _____

Method of Payment: Visa _____ Chq (enclosed) _____

Card#: _____ Expiry: _____

Name on card: _____ Signature: _____

NOTE: please use a separate sheet to outline your work experience or scholastic achievements if the space provided is not sufficient and return with your method of payment by fax to 905-857-9637.