



**Northern Michigan Waterways
Hazardous Material Spill
Planning Committee**

Membership Registration Form

What Is The No-Spills Committee?

The Northern Michigan Waterways Hazardous Material Spills Planning Committee (commonly known as No-Spills) was established in 1990 as a non-profit networking and educational organization for prevention of and response to potential hazardous material spills. The committee's primary focus is on issues as they relate to the Great Lakes, but its attention has also transitioned to inland lakes and waterways as well as to other environmental issues. We work very closely with the United States Coast Guard and the Environmental Protection Agency.

What Do They Do?

Each year the Committee hosts a three-day conference to give updates on spill technologies, mitigation, planning, and other environmentally related topics. Besides education, another primary goal of this conference is to facilitate networking between all of the partners in response. The Committee is also actively involved in the Northern Michigan Area Committee, and participates in projects consistent with No-Spills Committee goals. The Committee normally meets 8-10 times per year for Committee business, networking, and planning.

Who Can Be A Member?

Anyone interested in the quality of the environment and future of the Great Lakes can be a member. Our memberships are primarily made up of Federal, State, and Local Agencies, Tribal Officials, LEPCs, Business and Industry and the Media. Membership is not limited.

How Can I Join?

Joining the Committee is easy. Just complete this form and send it with a check or credit card payment for the dues amount which is for the appropriate membership category payable to: **N.M.W.H.M.S.P.C. (NO-SPILL)**
Yearly Memberships Available:

- Associate Member (Any Interested Party): \$25.00 per year
- Active Voting Members (LEPC, MSP-EMD members): \$30.00 per year
- Sustaining Members (Business and Industry): \$50.00 per year

NO-SPILLS Member Registration Form	
Name:	_____
Address:	_____
City State Zip:	_____
Email Address:	_____
Phone:	_____
Organization\Company Name:	_____
Credit Card Type:	_____
Credit Card Number:	_____
Expiration Date:	_____ CVV@ code (3 numbers on the back)_____
Billing Address Number or PO Box #:	_____
Billing Zip:	_____
Total dollar amount:	_____

For Checks please Mail to:
Mike Thompson
No-Spills
P.O. Box 1174
Gaylord, MI 49734

For Credit Card Payments please Fax to:
NOSPILLS
Secure Fax line: 989-705-7341
225 W. Main St.
Gaylord, MI 49735