



Interstate Chemicals Clearinghouse (IC2) Member Application Form

Complete and sign the following IC2 Member Application Form and submit with a signed Memorandum of Agreement (MOA). For more information regarding IC2 Membership, visit <http://theic2.org/members>.

A. Applicant Information

Applicant Type (Choose One):

- State Environmental Agency
- State Health Agency
- Local Government
- Tribal Government

Agency Name

Street Address

City

State/Province

Zip Code

Telephone

Web Address

B. Agency Representative/s – Designate Governmental representative/s

Agency Representative

Email

Telephone

Alternate

Email

Telephone

C. **Population** – Population figures for the applicant’s jurisdiction based on the most recently available [U.S. Census](#).

- Less than 25,000
- 25,000 - 100,000
- 100,000 - 500,000
- 500,000 - 1 million
- 1 million - 2 million
- 2 million - 6 million
- 6 million - 12 million
- Greater than 12 million

D. **Certification** – This Section should be signed by a senior official.

Print or Type Name of Senior Agency Official Approving Membership in the IC2

Date

Signature



Print the first two pages, sign, and mail the application form to:

Interstate Chemicals Clearinghouse
NEWMOA
129 Portland Street, Suite 602
Boston, MA 02114-2014

Or email a PDF version (with e-signature) to:
tbuck [at] newmoa [dot] org

**Payment of IC2 dues is not required as part of the application process.
Invoices will be sent after the application has been processed.**

If you have any questions, contact Topher Buck: 617-367-8558 x309 or tbuck [at] newmoa [dot] org.

Please save a copy of this form for your records.