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A NOT FOR PROFIT ORGANIZATION

Application for Associate Member Status

This form is used by Affiliate Members who have achieved five (5) years of service.

Name _____
First Middle Last

Address _____
Street City State Zip

Phone Area Code () _____ - _____

I achieved 5 years of service in the field of Safety on _____, 19____ while associated
with _____.
Name of Employer and Address

I hereby apply for Associate Member Status classification in VETERANS OF SAFETY. If accepted, I agree to continue to support the cause of human conservation and to lend my experience in furthering the development of the Safety Engineering profession. I further agree to notify the Executive Director promptly of any future changes of address. I will support our National Organization and will honor such assessments as its Board of Directors may in the future deem necessary.

Signature of Applicant _____ Date _____

Executive Director

Date Processing Completed