

**UCMO-HUMPHREYS 304**  
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A NOT FOR PROFIT ORGANIZATION

### **Application for Full Member Status**

**This form is used by Associate Members who have achieved ten (10) years of service.**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Phone Area Code ( ) \_\_\_\_\_ - \_\_\_\_\_

I achieved 10 years of service in the field of Safety on \_\_\_\_\_, 19\_\_\_\_ while associated  
with \_\_\_\_\_  
Name of Employer and Address

I hereby apply for Full 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