

World Safety Organization



Application for Membership

- | | |
|--|---------------|
| <input type="checkbox"/> Associate Membership | \$55.00 USD |
| <input type="checkbox"/> Affiliate Membership*) | \$80.00 USD |
| <input type="checkbox"/> Student Membership | \$35.00 USD |
| <input type="checkbox"/> Institutional Membership**) | \$185.00 USD |
| <input type="checkbox"/> Corporate Membership**) | \$1000.00 USD |

*) For your country's fee rate, please contact our office.

***) In case of institution, agency, corporation, etc., please indicate name, title, and mailing address of the authorized representative.

(Please print or type.)

NAME (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
BIRTHDATE:	
POSITION/TITLE:	
COMPANY NAME AND ADDRESS: <input type="checkbox"/> Preferred	
HOME ADDRESS: <input type="checkbox"/> Preferred	
BUSINESS PHONE:	FAX:
CELL PHONE:	HOME PHONE:
E-MAIL:	
PROFESSIONAL MEMBERSHIP(S), DESIGNATION(S), LICENSE(S):	
EDUCATION (degree(s) held):	

Please enclose your check, payable to the WSO, for your membership fee. Annual dues hereafter will be billed and payable on the anniversary date of your membership. **U.S. Funds only.** International postal money orders or bank drafts with a U.S. routing number on the bottom of the check are acceptable for outside U.S.A. members, or you may use Visa, MasterCard, American Express, or Discover.

FORM OF PAYMENT:

☐ Check ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

CARD NUMBER:

EXPIRATION DATE: _____ TODAY'S DATE: _____

SIGNATURE: _____

If you were referred by someone, please list their name(s), chapter, division, etc.:

WSO Member: _____

WSO Chapter: _____

WSO Division/Committee: _____

Other: _____

*) FOR AFFILIATE MEMBERS ONLY:

Only FULL TIME PRACTITIONERS in the safety environment/ accident prevention and allied fields are eligible for the WSO Affiliate Membership. Please briefly describe your present employment or enclose your current résumé.

PLEASE specify your area of professional expertise. This information will be entered into the WSO "Bank of Professional Skills," which serves as a pool of information when a request for a consultant/information/expertise in a specific area of the profession is requested.

- ☐ Occupational Safety and Health (OS&H)
- ☐ Environmental Safety and Health (EH&S)
- ☐ Fire Safety/Science (FS&C)
- ☐ Safety/Loss Control Science (S&LC)
- ☐ Public Safety/Health (PS&H)
- ☐ Construction Safety (CS)
- ☐ Transportation Safety (TS)
- ☐ Industrial Hygiene (IH)
- ☐ Product Safety (PRO)
- ☐ Risk Management (RM)
- ☐ Hazardous (Toxic) Materials Management (HAZ)
- ☐ Nuclear Safety (NS)
- ☐ Aviation Safety (AS)
- ☐ Ergonomics (ERG)
- ☐ Petroleum (PS)
- ☐ Oil Wells (OW)
- ☐ Other: _____

By Submitting this Application, you are accepting that WSO will use the information provided to perform an independent verification of employer, credentials, etc.

Mail or email completed form, along with payment, to:

WSO World Management Center

PO Box 518 | Warrensburg, Missouri 64093 USA

Phone 660-747-3132 / FAX 660-747-647 | info@worldsafety.org