



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS


MEMBERSHIP APPLICATION



**Working together for
a safer, stronger future.®**

The American Society of Safety Professionals is a global association for occupational safety and health professionals. We promote the expertise, leadership and commitment of our members while providing them with professional development, advocacy and standards development.

assp.org/membership | customerservice@assp.org



For more than 100 years, ASSP has been at the forefront of helping occupational safety and health professionals protect people and property.



Join our vibrant community – one that will help you grow professionally through education, networking and advocacy. We connect you to great resources and more than 35,000 great people who will help you reach the highest level of performance in your career.

ESSENTIAL OSH RESOURCES

Discover solutions, best practices, research and regulatory changes through member's only resources, such as the #1 rated *Professional Safety Journal*—each peer-reviewed issue delivers the latest technical knowledge on OSH and safety management, developed through research and on-the-job experience.

NETWORKING OPPORTUNITIES

Our member communities connect you with a diverse group of OSH professionals and enable you to engage with each other on a global scale. Network among safety professionals in similar industries or with similar backgrounds and interests with our virtual specialty groups. Our 140+ chapters across nine U.S. and global regions offer you the opportunity to engage with safety professionals near you.

TOP QUALITY EDUCATION

We take pride in our long-standing reputation of delivering top-quality OSH education and training. Participate in webinars, online courses and microlearning, as well as in-person conferences, certificate programs and certification preparation courses. As an ASSP member, you receive significantly discounted fees and some events are free.

PERSONAL INFORMATION (*DENOTES OPTIONAL FIELD)

Name _____
First Middle Initial Last

Date of Birth* _____ Gender* Male Female

Mailing Address: (please complete both sections) Preferred Mailing Address: Business Home

Business Address:

Title _____

Organization _____

Street _____

City _____ State/Province _____

Zip/Postal Code _____ County _____

Country _____

Phone () _____

E-Mail _____

Home Address:

Street _____

City _____ State/Province _____

Zip/Postal Code _____ County _____

Country _____

Phone () _____

E-Mail _____

Professional Safety Journal: Digital Print If a box is not checked, Professional Safety Journal will be digital.

REFERRED BY

Referrer's Name _____

Referrer's ASSP ID# _____

A referral is not needed for membership.

HOW DID YOU HEAR ABOUT US?

- ASSP Email
- ASSP Website
- ASSP Brochure
- ASSP Chapter Meeting
- ASSP Educational Event
- A friend
- Industry tradeshow
- Professional Safety
- Other trade publication
- Other, please specify: _____

NOTE: For designations/certifications and education noted on this application please include verification documentation. Certifications will be verified and subject to a periodic audit with the certifying body.

EDUCATIONAL HISTORY AND EXPERIENCE

I have at least 5 years of OSH experience

College/University _____

City _____ State _____ Country _____

Degree(s): Associate BS MS PhD EdD Other _____

Please check applicable accredited certifications and licenses recognized for professional membership, and include identification number(s):

- Associate Safety Professional (ASP)

- Canadian Registered Safety Professional (CRSP)

- Certified Fire Protection Specialist (CFPS)

- Certified Hazardous Materials Manager (CHMM)

- Certified Health Physicist (CHP)

- Certified Human Factors Professional (CHFP)

- Certified Industrial Hygienist (CIH)

- Certified Occupational Health Nurse (COHN)

- Certified Occupational Health Nurse - Specialist (COHN-S)

- Certified Professional Environmental Auditor (CPEA)

- Certified Professional Ergonomist (CPE)

- Certified Protection Professional (CPP)

- Certified Safety and Health Manager (CSHM)

- Certified Safety Professional (CSP)

- Certified User Experience Professional (CUXP)

- Construction Health and Safety Technician (CHST)

- IOSH Chartered Fellow (CFIOSH)

- IOSH Chartered Member (CMIOSH)

- Occupational Health and Safety Technician (OHST)

- Professional Engineer (P.E.)
_____ State _____
- Safety Management Specialist (SMS)

MEMBERSHIP CLASSIFICATION

Resident's outside the U.S. should use the Global Membership Application. Please check one membership type based on your work history, schooling, and designations:

- Member
- Professional Member
Must have one of the following qualifications:
- CSP or CIH designation
 - One of the following designations: ASP, CFIOSH, CFPS, CHFP, CHMM, CHP, CHST, CMIOSH, COHN, COHN-S, CPE, CPEA, CPP, CRSP, CSHM, CUXP, OHST, P.E., SMS and a bachelor's degree from an accredited college or university and five years of OSH experience
 - Doctorate degree from an accredited college or university in OSH in a recognized field and five years of OSH experience
- Chapter Preference _____
(If no chapter preference is indicated, one will be assigned by the location of the preferred mailing address.)

Reduced membership rates are available for students, active military personnel and current ASSP members who have retired. Visit assp.org/membership/benefits-qualifications/member-types-and-qualifications for details.

PRACTICE SPECIALTIES (OPTIONAL)

These niche groups complement ASSP's broad-based activities with focused, technical programs. Visit assp.org/ps for details. There is a \$20.00 USD annual fee for each practice specialty. Branch dues are covered by membership within the corresponding specialty. Please check which you would like to join:

- | | |
|---------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Management |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Military |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Oil, Gas, Mining and Mineral Resources |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Global Operations | <input type="checkbox"/> Training and Communications |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Utilities |

COMMON INTEREST GROUPS (OPTIONAL)

Join a Common Interest Group and network with like-minded safety professionals. Please visit assp.org/membership/communities/common-interest-groups for more information. There is a \$20.00 USD annual fee for each common interest group. Please check which you would like to join:

- Blacks in Safety Excellence
assp.org/bise
- Emerging Professionals in OSH
assp.org/ep
- Hispanic Safety Professionals
assp.org/hsp
- Women in Safety Excellence
assp.org/wise

Promo Code _____

PAYMENT INFORMATION

Please check the appropriate boxes:

- One-Year Society Membership
- | | | |
|--------------------------|----------|--------------|
| Annual Dues | \$180.00 | USD \$ _____ |
| Chapter Dues | \$ 15.00 | USD \$ _____ |
| One-time application fee | \$ 25.00 | USD \$ _____ |
| SUBTOTAL | \$220.00 | USD \$ _____ |
- Practice Specialty(ies) \$20.00 USD each USD \$ _____
- Common Interest Groups \$20.00 USD each USD \$ _____
- Contribution to the ASSP Foundation USD \$ _____
- Recommended donation: \$25.00 USD

TOTAL AMOUNT DUE USD \$ _____

Method of Payment : Payment required to process.
(U.S. funds drawn on U.S. bank or charge authorization)

Please check one of the following:

- Check/money order payable to ASSP
- VISA MasterCard American Express Discover

Please contact ASSP Customer Service at customerservice@ASSP.org or +1.847.699.2929 for wire, EFT, and ACH instructions.

Card Number _____ Expiration Date _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

Note: ASSP dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

SIGNATURE

Applicant's Signature _____ Date _____

By submitting this form you are signifying that all statements made on this application are correct. If elected to membership, you agree to abide by the Society Bylaws and Code of Professional Conduct. Falsification of application information is grounds for dismissal. Membership fees are non-refundable and non-transferable. Membership is on an individual basis.



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Return application to: American Society of Safety Professionals
33477 Treasury Center, Chicago IL 60694 USA
+1.847.699.2929 | assp.org | customerservice@assp.org

Apply Online: assp.org/join