For more than 100 years, ASSP has been at the forefront of helping occupational health and safety professionals protect people and property. We promote the expertise, leadership and commitment of our members, while providing you with professional development, advocacy, and standards development.

www.assp.org/membership | customerservice@assp.org
QUALIFICATIONS AND PRIVILEGES

For reclassification to Emeritus membership, Emeritus members must:

1. Have fully retired from gainful employment in the field of safety by reason of age or vocational change, and not currently deriving income from the practice of safety, including consulting in safety or a related field.
2. Have been a member of the Society for at least ten (10) years, no longer be employed in the field of safety, and shall be a member in good standing at the time of the application.

Privileges of Emeritus membership:
- Maintain ASSP membership
- Retain all former voting privileges
- Receive Professional Safety Journal at the reduced rate
- Special recognition as an Emeritus member of ASSP

COMMON INTEREST GROUPS (OPTIONAL)

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

- Blacks in Safety Excellence
  www.assp.org/bise
- Hispanic Safety Professionals
  www.assp.org/hsp
- Women in Safety Excellence
  www.assp.org/wise
- Young Professionals in OSH
  www.assp.org/yp

PAYMENT INFORMATION

Fees (please choose one)

- Emeritus with hard copy
  Professional Safety Journal $32.50 USD USD $
- Emeritus with digital
  Professional Safety Journal $15.00 USD USD $
- Contribution to the ASSP Foundation
  Recommended donation: $30.00 USD USD $
- Practice Specialties $20.00 USD each USD $
- Common Interest Groups $20.00 USD each 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

DEMOGRAPHICS (*DENOTES OPTIONAL FIELD)

ASSP Member # ____________________________

Name ____________________________________
  First    Middle-Initial    Last

Date of Birth* ___________________ Gender*  □ Male  □ Female

Mailing Address:
  Street __________________________________
  City ____________________________________
  State/Province __________ Zip/Postal Code ______
  County ________________________________ Country ______
  Phone ( ) ______________________________
  E-Mail _________________________________

Chapter Preference* _______________________
If no chapter preference is indicated, one will be assigned by location of the preferred mailing address.

SIGNATURE

Are you currently fully retired from all OSH work?
□ No  □ Yes  If yes, date of retirement _______________________

NOTE: Certifications on file will be verified and subject to a periodic audit with the certifying body.

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.