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.

**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 150+ 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.

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 39,000 great people who will help you reach the highest level of performance in your career.
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, CFIOHS, CFPS, CHFP, CHMM, CHP, CHST, CMIOHS, 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:

- Construction
- Consultants
- Engineering
- Environmental
- Ergonomics
- Fire Protection
- Healthcare
- Industrial Hygiene
- International
- Management
- Manufacturing
- Military
- Oil, Gas, Mining and Mineral Resources
- Public Sector
- Risk Management/Insurance
- Training and Communications
- Transportation
- 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

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
- Common Interest Groups $20.00 USD each
- Contribution to the ASSP Foundation
  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.