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 36,000 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 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.
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.

Preferred Mailing Address: ____________________________
City __________________________________________
Street __________________________________________
City ____________________________ State/Province ____________________________
Zip/Postal Code ____________________________ Country __________________________________________
Country __________________________________________
Phone ( ) ____________________________
E-Mail __________________________________________

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)  #

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.
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, CFIOH, CFPS, CHFP, CHMM, CHP, CHST, CMIOH, 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.

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
- Environmental
- Engineering
- Ergonomics
- Fire Protection
- Global Operations
- Healthcare
- Industrial Hygiene
- Management
- Manufacturing
- Military
- Oil, Gas, Mining and Mineral Resources
- Public Sector
- Risk Management
- 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

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.

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.