

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 39,000 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) **REFERRED BY** Name Referrer's Name First Middle Initial Gender* □ Male □ Female Date of Birth* Referrer's ASSP ID# ____ Mailing Address: (please complete both sections) Preferred Mailing Address: Business Home **Business Address:** A referral is not needed for membership. Title **HOW DID YOU** Street_ **HEAR ABOUT US?** _____ State/Province ___ Zip/Postal Code ______ County _____ ☐ ASSP Email Country ☐ ASSP Website ☐ ASSP Brochure Phone (☐ ASSP Chapter Meeting E-Mail_ ☐ ASSP Educational Event Home Address: ☐ Industry tradeshow ☐ Professional Safety _____ State/Province _____ ☐ Other trade publication Zip/Postal Code _____ County _____ ☐ Other, please specify: Country ___)_____ Phone (**NOTE:** For designations/certifications and education noted on this application please include verification E-Mail documentation. Certifications will be verified and subject to a periodic audit with the certifying body. Professional Safety Journal: Digital Print If a box is not checked, Professional Safety Journal will be digital. **EDUCATIONAL HISTORY AND EXPERIENCE** $\ \square$ I have at least 5 years of OSH experience College/University _____ _____ Country ____ City_ State 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) ☐ Certified Protection Professional (CPP) ☐ Canadian Registered Safety Professional (CRSP) ☐ Certified Safety and Health Manager (CSHM) ☐ Certified Fire Protection Specialist (CFPS) ☐ Certified Safety Professional (CSP) ☐ Certified Hazardous Materials Manager (CHMM) ☐ Certified User Experience Professional (CUXP) ☐ Certified Health Physicist (CHP) ☐ Construction Health and Safety Technician (CHST) # # ☐ Certified Human Factors Professional (CHFP) ☐ IOSH Chartered Fellow (CFIOSH) ☐ IOSH Chartered Member (CMIOSH) ☐ Certified Industrial Hygienist (CIH) ☐ Occupational Health and Safety Technician (OHST) ☐ Certified Occupational Health Nurse (COHN) ☐ Certified Occupational Health Nurse - Specialist (COHN-S) ☐ Professional Engineer (P.E.) _____ State _____ ☐ Certified Professional Environmental Auditor (CPEA) ☐ Safety Management Specialist (SMS) ☐ Certified Professional Ergonomist (CPE)

MEMBERSHIP CL	.ASSIFICATION	PAYMENT INFORMAT	TION	
Resident's outside the U.S. should use the Global Membership Application. Please		Please check the appropriate boxes:		
check one membership type based on your work history, schooling, and designations:		☐ One-Year Society Membership		
☐ Member		Annual Dues	\$180.00	USD \$
Professional MemberMust have one of the following qualifications:		Chapter Dues One-time application fee	\$ 15.00 \$ 25.00	USD \$
CSP or CIH designation		SUBTOTAL	\$220.00	USD \$
 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 		☐ Practice Specialty(ies) \$20.00 US☐ Common Interest Groups \$20.00	0 USD each	USD \$
 Doctorate degree from an accredited college or university in OSH in a recognized field and five years of OSH experience 		☐ Contribution to the ASSP Foundation USD \$ Recommended donation: \$25.00 USD		
(If no chapter preference is indicated, one will be assigned by the location of the preferred mailing address.)		TOTAL AMOUNT	DUE	USD \$
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.		Method of Payment: Payment required to process. (U.S. funds drawn on U.S. bank or charge authorization)		
		Please check one of the following:		
PRACTICE SPECIALTIES (OPTIONAL)		\square Check/money order payable to ASSP		
		☐ VISA ☐ MasterCard ☐ American Express ☐ Discover		
technical programs. Visit assp.o for each practice specialty. Bran	nt ASSP's broad-based activities with focused, org/ps for details. There is a \$20.00 USD annual fee nch dues are covered by membership within the e check which you would like to join:	Please contact ASSP Customer Service a +1.847.699.2929 for wire, EFT, and ACH		SSP.org or
☐ Construction☐ Consultants☐ Engineering	 □ Management □ Manufacturing □ Military □ Oil, Gas, Mining and Mineral Resources □ Public Sector □ Risk Management/Insurance □ Training and Communications 	Card Number	Ехү	oiration Date
☐ Environmental ☐ Ergonomics ☐ Fire Protection ☐ Healthcare		Cardholder's Name (please print)		
☐ Industrial Hygiene☐ International	☐ Transportation ☐ Utilities	Cardholder's Signature		
COMMON INTEREST GROUPS (OPTIONAL)		Note: ASSP dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.		
		SICNATURE		
Please visit assp.org/membersh	and network with like-minded safety professionals. nip/communities/common-interest-groups for more USD annual fee for each common interest group. d like to join:	SIGNATURE		
☐ Blacks in Safety Excelle assp.org/bise	nce			
☐ Emerging Professionals in OSH assp.org/ep		Applicant's Signature		Date
 ☐ Hispanic Safety Professionals assp.org/hsp ☐ Women in Safety Excellence assp.org/wise 		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		



assp.org/wise

Promo Code

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

grounds for dismissal. Membership fees are non-refundable and non-transferable.

Membership is on an individual basis.

Apply Online: assp.org/join