

THE CONNECTICUT SAFETY SOCIETY, INC.

Application for Membership

I, the undersigned, hereby make application for admission to THE CONNECTICUT SAFETY SOCIETY, INC. I certify that the information given in this application is correct and I agree, if admitted as a member, to promote the objectives of THE CONNECTICUT SAFETY SOCIETY, INC. so far as shall be in my power.
(If additional space is needed for any category, please add an additional sheet.)

APPLICANT'S RECORD:

Full Name: _____

DATE: _____

Present Occupation:

(Title/Position and Name of Company)

Length of service with company: Years: _____ Months: _____

Business Address: _____

Telephone No. (____) _____

Home Address: _____

Telephone No. (____) _____

E-Mail Address: _____

Date and Place of Birth: _____

General and Technical Education (School last attended and degree(s) conferred):

Membership in Professional Societies (Grade of membership and date of admission)

**RECORD OF SAFETY SUPERVISORY, SAFETY ENGINEERING,
OCCUPATIONAL HEALTH OR RELATED EXPERIENCE:**

(Be specific as to nature of duties and dates)

From	To	Nature of Duties

RECORD OF OTHER OCCUPATIONAL EXPERIENCES:

From	To	Nature of Duties

REFERENCES:

Please provide the names and addresses of at least three people who have personal knowledge of your safety or safety related experience. At least one of these shall be a member of THE CONNECTICUT SAFETY SOCIETY, INC.

Dave Gelpke, President CT Safety Society, 203 639 2440

APPLICANT'S STATEMENT:

If elected to membership, I hereby agree to conform to all of the requirements of the Constitution and Bylaws and to promote the interests of THE CONNECTICUT SAFETY SOCIETY at all times.

_____ Date: _____
(Signature of applicant)

An application fee of \$20.00 and the first year dues of \$25.00 must accompany this application.

Total amount due: \$45.00

The completed application should be mailed to:

The Connecticut Safety Society, Inc.
c/o Thomas Schinkel, Treasurer
390 Brook Street
Bristol, CT 06010

FOR SOCIETY USE ONLY

QUALIFICATIONS FOR MEMBERSHIP:

To be eligible for membership, an applicant who has been recommended by a member of THE CONNECTICUT SAFETY SOCIETY, INC. shall be anyone who is actively engaged in safety, health or safety related work in the state of Connecticut and whose primary responsibility included the reduction and control of accidents and/or occupational diseases.

I hereby recommend this applicant: _____

Date: _____

(Signature of SOCIETY member)

Approved by the Board of Directors on: _____

Attest: _____

(Date) (Secretary)

Approved by a quorum of members on: _____

Attest: _____

(Date) (Secretary)