

Midland Empire Safety Association

2011 Membership Application

Please type or print.

I. Personal Information

Name: _____ Company Name: _____

Mailing Address: _____

Business Phone: _____ Fax Number: _____ Mobile Phone: _____

Email Address: _____

II. Educational Experience

Please list Undergraduate and/or Graduate Degrees.

III. Work Experience

Occupation: _____ Job Title: _____

Description of Duties: _____

IV. Other Interest

Please list any other interest in the safety and health field: _____

Return this application with your \$20.00 Individual Membership Fee or \$40.00 Organizational Membership Fee* to:

**Midland Empire Safety Association
c/o St. Joseph Safety and Health Council
118 S. 5th Street, Lower Level
St. Joseph, MO 64501
816.233.3330**

*If applying for organizational membership, company is allowed one voting member but more than one employee may attend meetings.

**2010 Membership Expires December 31, 2010
MEMBERSHIP YEAR - JANUARY 1 TO DECEMBER 31
Dues are payable by January 1st of each year.**

Membership with the Midland Empire Safety Association does not include affiliation with the St. Joseph Safety and Health Council's Occupational Safety Membership.