



**Corporate Membership Application
to the SAFE Association**
Go to www.safeassociation.com and click on "membership" to submit electronically

Date of Application: _____

Company/Organization Name _____
(include department or division if applicable)

Corporate Mailing address (line1) _____

Corporate Mailing address (line2 – if applicable) _____

City, State & Zip, Country & Foreign Postal Code _____

Website _____ Telephone Number _____

Primary Corporate Representative & Title _____

Mailing Address _____

City, State & Zip, Country & Foreign Postal Code _____

Telephone Number _____ E-mail address _____

Secondary Corporate Representative & Title _____

Mailing Address _____

City, State & Zip, Country & Foreign Postal Code _____

Telephone Number _____ E-mail address _____

Organization's Primary Business:

- | | |
|------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 01 Aerospace Vehicle | <input type="checkbox"/> 05 Materials or Components Supplier |
| <input type="checkbox"/> 02 Automotive / Land Vehicle | <input type="checkbox"/> 06 Research / Test, and Evaluation |
| <input type="checkbox"/> 03 Education, Libraries, Academia | <input type="checkbox"/> 07 Safety Equipment |
| <input type="checkbox"/> 04 Electronic Systems | <input type="checkbox"/> 08 Simulation / Training |
| | <input type="checkbox"/> 09 Other _____ |

Company Description/Purpose/Products _____

Corporate Membership - \$500.00 annually - Benefits for each Corporate Representative include quarterly SAFE Newsletter, annual After initial annual dues are paid, future corporate membership invoices are sent to the Primary Corporate Representative. **Please advise the SAFE office via email of any special billing procedures.**