



SAFE Association Corporate Membership Application

This form is for admission as a Corporate Sustaining Member of the SAFE Association. As a Corporate Member, your company, organization, or agency is entitled to receive the SAFE Journal, newsletters, two individual memberships, and substantial discounts on journal advertising and symposium exhibit space fees.

Please PRINT all information or use a typewriter.

Name of Company, Organization, or Agency		Name of Department or Division (if applicable)		
Address: No. & Street	City	State	Zip Code	Country
Type of Products Manufactured (or other description of involvement)		Business Phone	Fax Number	E-Mail

Names of two individuals who will represent your company, organization, or agency as SAFE members.

1. Last			First			MI		
Rank/Title		Job Title						
Business Phone			Fax Number					
E-Mail			Mail Code					

2. Last			First			MI		
Rank/Title		Job Title						
Business Phone			Fax Number					
E-Mail			Mail Code					

Does your company, organization, or agency employ: () 500 employees or less; () over 500 employees

Does your company, organization or agency display its products at Conventions, Conferences, Symposia, etc.? () Yes () No
If yes, are you considering displaying at the SAFE Symposium? () Yes () No

Does your company, organization, or agency plan to advertise in the SAFE Journal () Yes () No

<p>Check one block to indicate your economic sector.</p> <p><input type="checkbox"/> CC Commercial / Non-Defense</p> <p><input type="checkbox"/> CD Commercial / Primarily Defense</p> <p><input type="checkbox"/> GM Government / Military Organization</p> <p><input type="checkbox"/> GA Government / Civilian Agency</p> <p><input type="checkbox"/> GL Government / Legislative or Executive</p> <p><input type="checkbox"/> GJ Government / Judicial or Enforcement</p> <p><input type="checkbox"/> PI Public Interest, Association, or Union</p> <p><input type="checkbox"/> RU Retired or Unemployed</p> <p><input type="checkbox"/> ST Student</p>	<p>Check one block to indicate your organization's business.</p> <p><input type="checkbox"/> 01 Aerospace Vehicle</p> <p><input type="checkbox"/> 02 Automotive / Land Vehicle</p> <p><input type="checkbox"/> 03 Business - Financial, Legal, Sales, etc.</p> <p><input type="checkbox"/> 04 Construction</p> <p><input type="checkbox"/> 05 Consulting and Analysis</p> <p><input type="checkbox"/> 06 Education, Libraries, Academia</p> <p><input type="checkbox"/> 07 Electronic Systems</p> <p><input type="checkbox"/> 08 Interest Groups</p> <p><input type="checkbox"/> 09 Materials or Components Supplier</p> <p><input type="checkbox"/> 10 Media</p> <p><input type="checkbox"/> 11 Nautical Vehicle</p> <p><input type="checkbox"/> 12 Power / Fuel Research</p> <p><input type="checkbox"/> 13 Research / Test, and Evaluation</p> <p><input type="checkbox"/> 14 Safety Equipment</p> <p><input type="checkbox"/> 15 Simulation / Training</p> <p><input type="checkbox"/> 16 Transportation</p> <p><input type="checkbox"/> 17 Other _____</p>
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Please list the corporate activities you, as a Corporate Sustaining Member, would like to see SAFE sponsor in the future.

1. _____

2. _____

3. _____

Your Corporate Sustaining Membership dues are \$500.00 annually, billed on the date of membership origination. Please advise the SAFE office of any special billing procedures.

Authorized Signature

Print name _____

Signed _____

Date _____

SAFE ASSOCIATION
Post Office Box 130
Creswell, OR 97426-0130

NOTE: A corporate Membership plaque will be forwarded to the No. 1 Corporate representative listed above.