



SAFE Association Membership Application

This form is for individual membership in the SAFE Association. Please PRINT or use a typewriter to complete this form.

Send mail to: Home Address Office Address

Mr/Mrs/Dr/Rank	Last Name	First Name	MI
Home Address	City	State	Zip Code Country
Job Title	Company or Organization	Department	Mail Code
Business Address	City	State	Zip Code Country
Business Telephone	Fax Number	Home Phone	E-Mail
University or Training Institution	Degree or Diploma	Major Area of Study	Year

<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 on 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>
<p>Check one block to indicate your job function.</p> <p><input type="checkbox"/> AP Acquisition / Procurement</p> <p><input type="checkbox"/> DP Director / President / CEO / VP</p> <p><input type="checkbox"/> EL Educator / Librarian</p> <p><input type="checkbox"/> EN Engineer</p> <p><input type="checkbox"/> IN Investigator</p> <p><input type="checkbox"/> JO Journalist</p> <p><input type="checkbox"/> MN Maintainer / Logistician</p> <p><input type="checkbox"/> MA Manager / Administrator</p> <p><input type="checkbox"/> MS Marketing / Sales</p> <p><input type="checkbox"/> OC Operator / Crew</p> <p><input type="checkbox"/> PN Physician / Nurse / Medical Technician</p> <p><input type="checkbox"/> SC Scientist</p> <p><input type="checkbox"/> SA Staff / Advisory - Legal, Financial, etc.</p> <p><input type="checkbox"/> TE Technician</p> <p><input type="checkbox"/> OT Other _____</p>	<p>Check one block to indicate your personal interest.</p> <p><input type="checkbox"/> 18 Engineering</p> <p><input type="checkbox"/> 19 Environmental Quality</p> <p><input type="checkbox"/> 20 Life Sciences / Human Factors</p> <p><input type="checkbox"/> 21 Management / Administration</p> <p><input type="checkbox"/> 22 Marketing / Sales</p> <p><input type="checkbox"/> 23 Medical / Health Care</p> <p><input type="checkbox"/> 24 Occupational Health and Safety</p> <p><input type="checkbox"/> 25 Physical Sciences</p> <p><input type="checkbox"/> 26 Education / Training</p> <p><input type="checkbox"/> 27 Other _____</p>
SAFE Chapter affiliation or interest _____	

<p>Individual Dues are \$60.00 annually / Full-Time Students \$10.00 (ID required).</p> <p>Please endorse this application and send check to:</p>		<p>SAFE ASSOCIATION</p> <p>Post Office Box 130</p> <p>Creswell, OR 97426-0130</p>	
Applicant's Signature	Date	Endorsement by SAFE Member	Date