



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

Date of Application: _____

Last Name, First Name, Middle Name/Initial – Please include Mr., Ms., Military Rank, Dr., etc.

Organization/Company (if applicable) _____

Complete Mailing address (line1) _____

Complete Mailing address (line2) _____

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

E-mail address _____ Telephone Number _____

Are you a SAFE Chapter Member? () Yes () No If so, please indicate which Chapter _____

MEMBERSHIP RATES (circle one)

Individual Membership - \$60.00 annually - Benefits include quarterly SAFE Newsletter, annual SAFE Proceedings, all SAFE-related mailings throughout the year, and reduced registration rate at the annual SAFE Symposium.

Full-time Student - \$10.00 annually (Student I.D. required) – Benefits – same as Individual Membership.

Retired - \$20.00 (These persons must not be engaged in any form of consulting, part-time, or paid work in any form.) Benefits – same as Individual and Student Membership except does not allow for special symposium registration rates.

IF MAKING DUES PAYMENT BY CREDIT CARD, PLEASE COMPLETE ALL INFORMATION BELOW

Check one: Visa _____ MasterCard _____ American Express _____

PRINT NAME ON CARD _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____ AMOUNT \$ _____

SIGNATURE _____

**Check payment can be mailed to: SAFE ASSOCIATION
Post Office Box 130
Creswell, OR 97426-0130
Phone: (541) 895-3012 – FAX: (541) 895-3014 – E-mail: safe@peak.org**