	NEW MEMBERS FIRST YEAR FREE Individual Membership Application to the SAFE Association Go to <u>www.safeassociation.com</u> and click on "membership" to submit electronically
Date of Application:	
Last Name, First Na	me, Middle Name/Initial - Please include Mr., Ms., Military Rank, Dr., etc.
Organization/Compa	any (if applicable)
Complete Mailing ad	dress (line1)
Complete Mailing ad	ddress (line2)
City, State & Zip, Co	ountry & Foreign Postal Code
Telephone Number	
E-mail address	Secondary E-mail address
Chapter President's	ot be processed without a SAFE Chapter President's signature. Signature
Are you a SAFE Cha	pter Member? () Yes () No If so, please indicate which Chapter
MEMBERSHIP RAT	
The FIRST YEAR FR	EE program is offered to applications made between October 30, 2017 and December 31, 2017 only.
annual Proceedings	rship – First Year Free - \$60.00 annually - After First Year - Benefits include the quarterly SAFE Newsletter, voting privileges for SAFE Board of Directors, annual award nominations, reduced registration to the annual nd all symposium-related mailings.
Full-time Student Individual Members	- First Year Free - \$10.00 annually - After First Year - (Student I.D. required) – Benefits – same as hip.
	r Free - \$20.00 annually - After First Year (These persons must not be engaged in any form of consulting, ork in any form.) Benefits – same as Individual and Student Membership except does not allow for special tion rates.
Dues, contribution or state tax purpo	ns and/or gifts to the SAFE Association are not deductible as charitable contributions for federal uses.
	PAYMENT BY CREDIT CARD, PLEASE COMPLETE ALL INFORMATION BELOW MasterCard American Express
PRINT NAME ON CA	RD
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