System Safety Society, Inc. Phone: 540-854-8630

P.O. Box 70 Fax 540-845-4561

Unionville, VA 22567-0070 Email: systemsafety@system-safety.org

### 2019-2020 ANNUAL RENEWAL NOTICE

### July 1, 2019- June 30, 2020

Dear Society Member **June15, 2019**

Your membership in the System Safety Society expires on July 31, 2019. To renew, please update the data on this form and mail in, along with your check for$«Total\_of\_Dues\_Notified»**.**00,to the above address. You may email or telephone your payment by using your credit card. To avoid a lapse in your membership, please submit by 07-31-19.

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| Current Mailing Information **Mailing Address Changes Only** |
| «MEM\_» |
| «Company\_Address\_1» |
| «First\_Name»«Last\_Name» |
| «Address\_1»«Address\_2»«Address\_3» |
| «City»«State\_Province»«ZIP»«COUNTRY» |
| Company: «COMPANY» |
| Home No.: |
| Work No: «Work\_Phone» |
| Fax: «Fax» |
| Email:«EMail\_2» |

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| Dues payment |
| CHECK VISA AMEX MasterCard |
| Card Number Expiration Date |
| Card Holder Name (please print) |
| Signature Amt. Remitted $ |
| ***AUTOMATIC YEARLY CHARGE AUTHORIZATION:***  This is authorization for SSS to automatically charge my credit card every year on June 30th for SSS Annual Dues and mail my receipt to the above address.  Authorization Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Membership Information |
| Professional Certification: «Certification» Other |
| Present Membership Classification: **«STATUS»***Update forms are available uponrequest* |
| Do not show in any SSS mailing, my home no. **or** my work no. |
| **or** my email address |
| Do not show my name or address on any SSS mailing |
| I would like to volunteer for the following : |
| Comments: |