Instructions for Professional Membership Application Form

The following pages provide the necessary guidelines and form for new Professional Member application for in the ISSS.For Professional Membership Upgrades (e.g., Senior, Fellow) the Membership Upgrade Form should be used. Full time Students should use the Student Membership Form.

# Submit Completed Form

Payments must be paid in U.S. dollars. If you are paying by credit card, we suggest that you use paypal instructions at the bottom of the Society webpage <http://www.systemsafety.org> . Applications may be emailed to [systemsafety@system-safety.org](mailto:systemsafety@system-safety.org). You may also pay by check or money order payable to the International System Safety Society. Send completed application and payment ($130 annual fee) to **INTERNATIONAL SYSTEM SAFETY SOCIETY**, P.O. Box 70, Unionville, VA 22567-0070

Professional Member APPLICATION FORM

Please fill in all information, then either postage mail or email completed form to the address above.

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| Name: | | | | | | | | | | | | |
| Where would you like your Journals sent?  Company  Home? | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City, State, Zip, & Country: | | | | | | | | | | | | |
| Work & Home Telephone: | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | |
| May we have your permission to use your name, address, and email for SSS Official Business?  Yes  No | | | | | | | | | | | | |
| Other professional societies, organizations, certifications, or registrations held: | | | | | | | | | | | | |
| Name of Societies and/or Organization | | Grade | Year Joined | | Issued By | | | | Specialty | | Date Issued | |
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|  | | | | | | | | | | | | |
| University or college attended (Name and Location): | | | | Begin Date (mm/yy) | | Major | | Minor | | Degree | | Grad Date (mm/yy) |
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| Briefly describe your current job title/position and/or any related safety activities. | | | | | | | | | | | | |
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| I would be willing to serve on chapter/society activities as marked below: | | | | | | | | | | | | |
| Local Chapter Officer/Committee  Local Chapter Formation  Education Committee  Professional Development  Conference/Seminars  Publications | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I hereby submit this application and supporting documentation, which is correct to the best of my knowledge and belief, for evaluation by the ISSS. I understand I may not initially be accepted into the specific grade requested, but will have the opportunity to resubmit whenever desired. Upon acceptance, I agree to support the activities and objective of the Society to the best of my ability. | | | | | | | | | | | | |
| By retyping in your name you agree with the above statement: |  | | | | | | Date: | | | | | |