

Northern Region Association of Safety Professionals Membership Application

Membership in this association is open to firms and organizations that are concerned with safety management functions. Any organization or firm eligible for membership may be admitted to membership by submitting a written application and pay applicable dues. A majority of votes of the Board of Directors is required to approve membership.

Company Name:		Telephone:
Address:		Fax:
City:	State:	Zip:
Nature of Business:		

Membership dues of \$130 per year include:

- Monthly education lunches held the third Wednesday of every month.
- Monthly newsletter sent via email

- Prospective member's meal will be paid one time by NRASP
- Guest's meal cost of \$15 will need to be paid, at the door, by either the guest or the member bringing the guest.

Membership Dues will be prorated by month based on the following schedule:

Month	Primary	Associate	Month	Primary	Associate	Month	Pr im ar y	Associ ate
January	\$130.00	\$100.00	May	\$88.67	\$66.67	September	\$4 3.3 3	\$33.33
February	\$119.17	\$91.67	June	\$75.83	\$58.33	October	\$3 2.5 0	\$25.00
March	\$108.33	\$83.33	July	\$65.00	\$50.00	November	\$2 1.6 7	\$16.67
April	\$97.50	\$75.00	August	\$54.17	\$41.67	December	\$1 0.8 3	\$8.83

How did you learn about the NRASP?

Were you referred by a current NRASP member? Who?

Member firms or organizations shall designate a representative from its organization to represent it at NRASP functions.

Member Representative

Name:	Telephone:
Title:	Email:
Address:	Fax:

City:	State:	Zip:
Are you a member of any other health & safety organizations?		
Do you hold any certifications? Please list:		
Responsibilities:		

Member firms may designate additional employees to attend the monthly educational luncheons at a cost of \$100.

Associate Representative

Name:	Telephone:	
Title:	Email:	
Address:	Fax:	
City:	State:	Zip:
Are you a member of any other health & safety organizations?		
Do you hold any certifications? Please list:		
Responsibilities:		

Demographic Information

Company Size

- 1-50
- 51 – 100
- 101 – 250
- 251 – 500
- 501 – 750
- 751 – 1000
- 1001 or more

Unit Level in Organization:

- Plant
- Region
- Division
- Group
- Subsidiary
- Corporate
- Other _____

Business & Industry Code:

- Agriculture/Forestry/Fishing
- Manufacturing – non-durable goods
- Manufacturing – durable goods
- Transportation
- Utilities
- Wholesale/Retail Trade
- Finance
- Insurance
- Services – profit
- Services – non-profit
- Health
- Real Estate
- Educational Services
- Government
- Construction
- Oil & Gas
- Publishing
- Independent
- Other _____

Volunteer Leadership Interests

Please check the areas listed below to identify desired NRASP volunteer leadership positions.

____ Officer ____ Director ____ Committee Chair ____ Committee Member

Please mail completed form with an enclosed check for membership dues to:

NRASP
P O Box 1663, Fargo, ND 58107