



CSSE MEMBERSHIP APPLICATION

PERSONAL INFORMATION

First Name: _____
Last Name: _____
Email: _____

CONTACT INFORMATION

Preferred Mailing Address: _____

City: _____ Province: _____
Country: _____ Postal Code: _____
Preferred Phone: _____ Fax: _____

EDUCATION

High School Community College Diploma
 Technical Institute University Degree
College/University (circle number of years completed): 1 2 3 4 5
College/University Name: _____

Diploma/Degree: _____
Continuing Education Courses (please specify): _____

PROFESSIONAL INFORMATION

Place of Employment: _____
Title: _____
Current Professional Designations:
 Canadian Registered Safety Professional
 Registered Occupational Hygienist
 Construction Safety Officer
 Other (please specify) _____

AREA OF EXPERTISE

Mining Safety Chemicals Oil and Energy
 Forestry Ergonomics Consulting
 Transportation Training Food Processing
 Claims Management Fire Prevention Occupational Hygiene
 Occupational Nurse Environmental Construction
 Emergency Services Manufacturing Other
 Public Service Sector Hydro-Electrical Services

YEARS IN PRESENT POSITION

1-3 years 3-5 years 5-10 years 10 + years Retired

YEARS IN RELATED WORK

1-3 years 3-5 years 5-10 years 10 + years Retired

Please indicate the principle product manufactured or service performed at your location: _____
Number of employees at your location: _____

MEMBERSHIP INFORMATION

Regular Member \$193.00
Applicable to individuals who are employed as an OSH specialist or involved in the education, enforcement, administration or monitoring of occupational health and safety, or other like disciplines.

Student Member \$ 50.00
Applicable to individuals who are currently enrolled as a student on a full-time basis in an OSH program at a recognized school, college or university and are not employed, on a full-time or part-time basis, as an OSH specialist or involved in the education, enforcement, administration or monitoring of occupational health and safety. Those seeking student membership with the CSSE must provide proof of studies (i.e. photocopy of recent transcript or student card) with membership application. Please note that Student Members are non-voting members of the Society.

Note: Annual membership dues in Canada are GST applicable and HST is applied to those in the provinces of NB, NL and NS.

International Member \$ 80.00
Applicable to individuals who are eligible as Regular Members but who are located outside of Canada. Please note that the GST is not applied to this membership fee.

Please note: Payment must accompany this application.

Cheque Payment enclosed
 Credit Card

Cardholder Name: _____
Card #: _____ Expiry Date: _____
Signature of Credit Card Holder: _____

Upon receipt of this application and processing of payment, your CSSE membership will be activated.

Note: If you request to be listed in the Member Directory in the Members Only area of the website, the information you have provided on this form, ie. place of employment, title, professional designation and expertise will be displayed in your profile.

Agree
 No, I do not want to be included in the Members Directory within the Members Only Area of the CSSE website.

HOW DID YOU HEAR ABOUT US?

CSSE Chapter CSSE Website Trade Show
 Colleague Friend/Relative Another Website

Were you encouraged to join CSSE through a member or Chapter event? If so, please list the chapter and/or member below:

Chapter: _____
Member: _____

RELATED ORGANIZATIONS

List any professional associations of which you are a member and the category of membership you hold:

DECLARATION

I hereby certify that the aforementioned statements are correct and have been a condition of admission to membership. If accepted, I agree to be governed by the Constitution, By-laws and Code of Ethics of the Society as they are now or may hereafter become, and I undertake to promote the objectives and interests of the Society.

Signature

Date