



Personal Information

First Name: _____
Last Name: _____
Email: _____
I would like to receive emails from CSSE ☐ Yes ☐ No
I would like to receive emails from CSSE's third-party providers ☐ Yes ☐ No
(includes CSSE's Newsletter "CSSE & Beyond" and emails from Johnson Insurance)

Contact Information

Preferred Mailing Address: _____

City: _____ Province: _____
Country: _____ Postal Code: _____
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 (specify): _____

Professional Information

Place of Employment: _____
Title: _____

Current Professional Designations:

- ☐ Canadian Registered Safety Professional
☐ Registered Occupational Hygienist
☐ Construction Safety Officer
☐ Other (specify) _____

Area of Expertise

- | | | |
|---|--|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Occupational Nurse |
| <input type="checkbox"/> Claims Management | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Oil and Energy |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Forestry | <input type="checkbox"/> Public Service Sector |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Hydro-Electrical Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Mining Safety | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Occupational Hygiene | |

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 \$205.00

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 students 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, NS, and ON.

☐ International Member \$85.00

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: _____

Security Code: _____ Signature: _____

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, i.e. 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

CSSE

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csse.org