

A.E.S.H.P. MEMBERSHIP APPLICATION

NAME _____

TITLE _____ ORGANIZATION _____

MAILING ADDRESS _____

PHONE: Work _____ Fax _____ E-Mail _____

EDUCATION AND CERTIFICATES

CERTIFICATIONS - Check those which you hold: CET CHMM CSP IH PE
OTHERS – (asbestos, lead, etc.) _____

EXPERIENCE*

(list only those positions related to safety, health, risk management, etc.)

*Application for Full Membership must have a minimum of two years aggregate professional safety experience within an educational setting.

COMMITTEE – If you would be interested in serving on a committee, please check your preference:

Membership Professional Development Program

APPLICATION FOR MEMBERSHIP IS FOR: (Check the category that applies)

- FULL MEMBER \$50
- ASSOCIATE MEMBER \$50
- AFFILIATE MEMBER \$150
- STUDENT MEMBER \$15

Please send check (payable to AESHP) with completed application to:
John Warneck, Treasurer
C/O Jefferson-Lewis BOCES
20104 State Route 3
Watertown, NY 13601