



**Safety Executives
of New York, Inc.**

MEMBERSHIP APPLICATION

The purpose of Safety Executives of New York is to aid the progress of the profession of corporate level safety officers and executives generally; to advance the theory and practice of occupational safety; to provide a forum for corporate level safety officers and executives to meet and discuss current developments and problems affecting their positions as they relate to management affairs, professional development and legislation; and to discuss topics of timely and general interest, trends, controls and procedures as they relate to our profession and membership.

Name:

Date:

Employer:

Business Address:

Telephone:

Fax:

e-mail:

Home Address:

Home Telephone:

PRESENT POSITION:

Title:

Title and function of person to whom you report:

Length of time in this position and in the profession:

Define your management scope and responsibilities:

Courses, degrees, certifications and licenses:

Safety background and specialties: (List special fields of safety expertise)

Safety related affiliations, organizations and committees:

Authorship: (Publications, titles, dates)

Other major contributions to the profession:

I understand that, to benefit its members and to achieve its purpose, SENY depends upon the active participation and support of each member. I agree to attend at least one technical meeting per year, to pay my dues on time, to uphold the Bylaws and to actively support Safety Executives of New York.

Signature:

Date:

Sponsor:

Date: