



**APPLICATION FOR MEMBERSHIP
VOTING AND ASSOCIATE MEMBERS**

Our Mission

"The American Association of Safety Councils is an international association of safety council professionals whose mission is the enhancement of safety and health."

One-time Application Fee: \$100. Annual voting membership dues: \$250, and annual associate membership dues: \$75 each. Each membership has one voting member. You may have as many associate members as you wish. All names included on the membership roster and e-group must either be voting or associate members. Membership dues will be billed by e-mail when your application is approved. Your information will be added to the newsletter and e-group upon receipt of your payment. Please submit the completed application via e-mail to the current AASC President.

Voting Member Name: _____ E-Mail: _____
Phone () _____ - _____ Ext. _____ Fax () _____ - _____

Associate Member Name: _____ E-Mail: _____
Phone () _____ - _____ Ext. _____ Fax () _____ - _____

Associate Member Name: _____ E-Mail: _____
Phone () _____ - _____ Ext. _____ Fax () _____ - _____

Associate Member Name: _____ E-Mail: _____
Phone () _____ - _____ Ext. _____ Fax () _____ - _____

Agency Name: _____ Year agency was formed: _____

To designate your agency properly on the US map that is located on our website www.safetycouncils.org, which largest metropolitan city are your nearest to (please note that AASC does not require/enforce any territory agreements):

Business

Mailing Address: _____
P.O. Box or Street City State Zip Code

Business

Phone: () _____ - _____ Fax: () _____ - _____ Toll Free: () _____ - _____

List any DBA's or Sister Organizations: _____

E-Mail Address: _____ Website: _____

Please provide name of sponsoring voting AASC Member: _____

HISTORY OF YOUR ORGANIZATION:

Please furnish the year of origin, the founding purpose, and any pertinent information describing your growth up until today. (Attach additional page(s) if necessary)



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Current # Full-time Employees: _____ # Part-time Employees: _____ # Instructors: _____

How many Board Members do you have? _____

List all of the types of programs offered and the number of individuals trained annually:

Are you a membership organization? Yes _____ No _____. If yes, how many members and how many employees do they represent? # Members: _____ # Employees: _____

Are you a not-for-profit? _____. **(A copy of your IRS documentation showing 501(c)(3) status is required.)**

List your other affiliations:

Give a brief statement as to your purpose in belonging to AASC and include how you heard about us:

Please note that the voting member must be the chief paid staff member of the nonprofit agency.

Applicant (Voting Member)

Signature: _____ Title: _____

Applicant Name Printed: _____ Date: _____

About Our Members

AASC Members operate independent, nonprofit, community-based health & safety organizations serving over 10,000 businesses, which employ hundreds of thousands of employees around the world. AASC councils provide education programs to over 350,000 people each year in areas as diverse as driving safety, first aid & CPR, substance abuse, hazardous materials, confined space, flagging, forklift safety, health and many more.

Our Objective

AASC Councils tailor their programs to meet the unique and ever changing needs of the communities we serve, but our most important commonality is our goal of reducing preventable injuries and fatalities. Our efforts save lives every single day.