

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

**NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **ORGANIZATION** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**PHONE:** Work \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## EDUCATION AND CERTIFICATES

College/University	Degree and Major

**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.)

Month & Year (current position first)	Position/Title	Organization Name & Address

\*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