



## ISMSP MEMBERSHIP APPLICATION

### A. Applicant Personal Data

Last Name		First Name		Middle Initial		Date of Birth	
U.S. Street Address(Home)			Apt. #	PO Box #	City		State(U.S.) Zip Code
Address Outside of U.S.(If Applicable)			Province	State	Country		Postal Code
Phone Numbers for Countries Outside U.S. Please Includes Country and City Codes							
Home Phone (Area Code/Number)			Work Phone (Area Code/Number)			Fax (Area Code/Number)	
Email Address:							
Type of Mine: Coal, Metal, Non-Metal, Sand & Gravel							

### B. Employment Information (List Most Recent First)

1. Current Company				How Long with Company: Years ____ Months ____			
Company Street Address			PO Box #	Suite #	City	State	Zip Code
Current Title				How Long in Current Position: Years ____ Months ____			
2. Company				How Long with Company: Years ____ Months ____			
Company Street Address			PO Box #	Suite #	City	State	Zip Code
Title				How Long in Position: Years ____ Months ____			
3. Company				How Long with Company: Years ____ Months ____			
Company Street Address			PO Box #	Suite #	City	State	Zip Code
Title				How Long in Position: Years ____ Months ____			

### C. PRIMARY SAFETY SPECIALTY (Check the one safety specialty that best describes your overall qualifications)

<input type="checkbox"/> Mine Safety/General	<input type="checkbox"/> Industrial Hygiene	<input type="checkbox"/> Radiation Safety	<input type="checkbox"/> General Industry Safety
<input type="checkbox"/> Construction Safety	<input type="checkbox"/> Environmental	<input type="checkbox"/> Other	

### D. APPLICATION PAYMENT INFORMATION (The application fee is not refundable)

<b>\$200.00 MEMBERSHIP DUES PAID BY</b>		<b>CREDIT CARD AUTHORIZATION</b>	
<input type="checkbox"/> Check or Money Order (U.S. Dollars only) Make checks payable to CMSPCB	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card Number _____	Expiration Date _____  Amount \$ _____
Signature			Date