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

NAME TITLE	NAME			
PHONE: WORK CELL  EMAIL  EDUCATION AND CERTIFICATES  College/University Degree and Major  CERTIFICATIONS – Check those that you hold: CET   CHMM   CSP   IH   PE of the content of the con	TITLE	OR	GANIZATION	V
PHONE: WORK	MAILING ADDRESS			
EMAIL  EDUCATION AND CERTIFICATES  College/University  Degree and Major  CERTIFICATIONS – Check those that you hold: CET □ CHMM □ CSP □ IH □ PE to OTHERS – (asbestos, lead, etc.)  EXPERIENCE (list only those positions related to safety, health, risk management, etc.)  Month & Year   Position/Title   Organization Name (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:  □ Membership   □ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617				
College/University Degree and Major  CERTIFICATIONS – Check those that you hold: CET □ CHMM □ CSP □ IH □ PE to OTHERS – (asbestos, lead, etc.)  EXPERIENCE (list only those positions related to safety, health, risk management, etc.)  Month & Year Position/Title Organization Name (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:  □ Membership □ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617	PHUNE: WORK		CELL	
College/University  Degree and Major  CERTIFICATIONS – Check those that 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   Position/Title   Organization Name (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:  □ Membership □ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street Canton, NY 13617	EMAIL	IICATION ANI	D CERTIFICA'	TES
CERTIFICATIONS – Check those that 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 Position/Title Organization Name (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:  □ Membership □ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617	Conego, entreisity			egree una major
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617	CERTIFICATIONS Check t	hase that you ha	14. CET □ CHI	MM CSP H H D PF C
COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer   C/O St. Lawrence Lewis BOCES   40 West Main Street   Canton, NY 13617				
(list only those positions related to safety, health, risk management, etc.)  Month & Year Position/Title Organization Name (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:    Membership   Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617	OTTEMS – (assestos, read, etc.	EXPER	RIENCE	
Month & Year (current position first)  COMMITTEE – If you would be interested in serving on a committee, please check your preference:  ☐ Membership ☐ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617	(list only those posi			k management, etc.)
COMMITTEE – If you would be interested in serving on a committee, please check your preference:     Membership   Program (Professional Development)    Please send check (payable to AESHP), with completed application to:   Linda Shaw, Treasurer     C/O St. Lawrence Lewis BOCES     40 West Main Street     Canton, NY 13617				
preference:    Membership	(current position first)			-
preference:    Membership				
☐ Membership ☐ Program (Professional Development)  Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617	COMMITTEE – If you would	be interested in s	serving on a com	nmittee, please check your
Please send check (payable to AESHP), with completed application to:  Linda Shaw, Treasurer  C/O St. Lawrence Lewis BOCES  40 West Main Street  Canton, NY 13617	preference:		_	
Linda Shaw, Treasurer C/O St. Lawrence Lewis BOCES 40 West Main Street Canton, NY 13617	☐ Membership	☐ Program (Professional Development)		
Linda Shaw, Treasurer C/O St. Lawrence Lewis BOCES 40 West Main Street Canton, NY 13617				
C/O St. Lawrence Lewis BOCES 40 West Main Street Canton, NY 13617	Please send check	~ ·	· · · · · · · · · · · · · · · · · · ·	leted application to:
40 West Main Street Canton, NY 13617				~
Canton, NY 13617				
•				
	APPLICATION FOR MEMR	*		category that applies)
□ Full Member-\$50 □ Affiliate Member-\$50 □ Honorary Member-\$0□ Emeritus Member-\$			•	

#### **MEMBERSHIP CLASSIFICATIONS:**

### **Section Three – Full Member:**

To be eligible as a full member, an individual shall, at the time of request, be engaged (a majority of the time on an annual basis) in the broad practice of safety or one of its relevant specialties, and:

- 1. Be an employee of an educational entity such as a school district or BOCES, and;
- 2. Be responsible, as part of their employment duties, for safety, health or risk management

All Full Members may vote on Association affairs. Any Full Member in good standing may be an elected Association officer. A member in good standing must actively participate and at a minimum have attended an AESHP conference in-person in the previous year.

#### **Section Four – Affiliate Member:**

Affiliate membership may be granted to those professionals who are active within the safety profession but do not meet the qualifications for Full Association Membership. Such Affiliate Members may be employed within the private or corporate sector, or consulting, with varying interests and backgrounds. Affiliate membership shall be granted if the individual meets the criteria and is successfully approved by the membership committee.

Affiliate Members may not vote on Association affairs nor become elected Association officers. Affiliate

Members shall not participate in executive sessions of the Associations officers. Affiliate Members shall not be included in the AESHP list-serve

Where the presence of any Affiliate Member may compromise the objectives of the Association or give rise to conflict of interest or impropriety, that person may be excluded from portions of any regular meeting where the discussion may create such conditions.

## **Section Five – Honorary Member:**

Honorary Membership may be awarded to those persons of national, state or local eminence and expertise who do not meet the qualifications for Association membership, but who have contributed substantially to the advancement of the Safety Profession and/or the Association, through science, education, research, engineering, legislation, administrative work and other activities. Designation of honorary membership shall be administrated at a regular Association meeting. Successful inclusion into the Association as an Honorary Member shall occur with a "yes" vote of at least 51% of the voting members present. Honorary Members may not vote on Association affairs nor become elected Association officers.

#### **Section Six – Emeritus Member:**

Emeritus status will be extended, upon written request, to members who have rendered a minimum of three (3) years of service to the Association and who are retired. The status of Full Member Emeritus, Affiliate Member Emeritus, or Honorary Member Emeritus will be designated depending on the member's classification upon retirement. In addition, the individual shall:

- 1. Have retired from employment or consultation in the safety field by reason of age, health, or vocational change, and;
- 2. Have been a member of the Association in good standing at the time of request.
- 3. If a retired member returns to work; their membership status will be reviewed and the membership committee will make a reinstatement decision.

The Emeritus Member will have all rights and privileges afforded them under their prior membership classification