

COMPLETE THIS SIDE ONLY WHEN APPLYING FOR MEMBER GRADE

CRITERIA: To be eligible for the grade of "MEMBER", the applicant shall verify, (to the extent as may be requested by the Membership Committee) that he or she has engaged in the professional practice of System Safety, or in closely related professional activities which contributes to the advancement of the System Safety Concept, with at least the minimum combination of both education or equivalent and related experience as defined below:

EDUCATIONAL CRITERIA

- A Bachelor's Degree from an accredited institution with an engineering/technical/management or related academic major.
or
- A minimum of 48 months or professional system safety related experience acceptable to the Membership Committee.
or
- Certification by the Board of Certified Safety Professionals
or
- Registration of Professional Engineer (PE) or non-USA equivalent.

EXPERIENCE CRITERIA

At least 24 months of professional experience in System Safety or closely related fields, which are in addition to any experience claimed for educational equivalency.

QUALIFYING EXPERIENCE BEING CLAIMED TO SATISFY CRITERIA

POSITION NUMBER 1. Mo. & Year started ____ - ____ completed ____ - ____ Nature of primary functional duties: _____

Employer: _____ total months claimed _____

Your position title: _____

Name and phone number of reference having technical knowledge of your work in this position: _____

_____ () _____ - _____

POSITION NUMBER 2. Mo. & Year started ____ - ____ completed ____ - ____ Nature of primary functional duties: _____

Employer: _____ total months claimed _____

Your position title: _____

Name and phone number of reference having technical knowledge of your work in this position: _____

_____ () _____ - _____

POSITION NUMBER 3. Mo. & Year started ____ - ____ completed ____ - ____ Nature of primary functional duties: _____

Employer: _____ total months claimed _____

Your position title: _____

Name and phone number of reference having technical knowledge of your work in this position: _____

_____ () _____ - _____

NOTE: A PHOTOCOPY OF YOUR COLLEGE DEGREE /TRANSCRIPT OR PE/CSP CARD SHOULD BE ATTACHED IF BEING CLAIMED FOR EDUCATIONAL CRITERIA CREDIT. ADDITIONAL INFORMATION ON CLAIMED EXPERIENCE AND/OR PROFESSIONAL REFERENCES MAY BE REQUESTED DURING THE APPLICATION REVIEW.

DATE OF BIRTH: ___/___/___ (Mo./Day/Yr.)