

WORLD SAFETY ORGANIZATION, INC.

"In consultative Status, Category II, with the United Nations Economic and Social Council"

Membership Database Update Worksheet

> REQUIRED ANNUALLY <

It is important that our database be as current as possible. The database is used for networking, as well as for reference if a special expertise is requested. If you do not wish to be listed in the Consultants Directory, you may indicate this below. Thank you for providing this information.

Name: _____ [] Mr. [] Mrs. [] Ms. [] Dr. [] Other: _____
Last First Middle Initial

WSO Certification(s): [] WSO-CSE [] WSO-CHMT I [] WSO-CSI [] WSO-CGST
[] WSO-CSM [] WSO-CHMTII [] WSO-CSI (SL) [] WSO-CGEO
[] WSO-CSS [] WSO-CHMS [] WSO-CSI (ML) [] WSO-CGES
[] WSO-CSSD [] WSO-CHME [] WSO-CGSO [] WSO-CGET
[] WSO-CST [] WSO-RSD [] WSO-CGSS [] WSO-CSHEE

Position: _____ Company: _____

Preferred Mailing Address: [] Work [] Home

Alternate Mailing Address: [] Work [] Home

Address Line 1

Address Line 1

Address Line 2 (if needed)

Address Line 2 (if needed)

City/State/Zip

City/State/Zip

Country

Country

Work Phone: _____

Fax: _____

Cell Phone: _____

Home Phone: _____

E-Mail Address(es): _____

Education [list of degree(s) you hold]: _____

Professional Licenses or Certifications: _____

Membership in Professional Organization(s): _____

Language(s) other than English: _____

>>> PLEASE CHECK YOUR PREFERENCES BELOW <<<

1. I am willing to participate as a Presenter/Speaker at the yearly WSO Conference/Symposium: [] Yes [] No
2. I am willing to submit articles for publication in WSO Publications and on the WSO website: [] Yes [] No
3. I am available for consulting and wish to be listed in the WSO Consultants Directory: [] Yes [] No
(PLEASE NOTE that only WSO Certified or Registered Members will be listed in the WSO Consultants Directory.)
4. I am willing to be a Mentor within the scope of my Certification(s) and/or Areas of Specialization: [] Yes [] No

Signature: _____ Date Completed: _____

>>>> This form must be updated yearly and submitted with your renewal to keep your file current. <<<<<<

If there are no changes, please list your name on this form and indicate "NO CHANGES."

Please complete "Areas of Specialization" on the reverse side!

AREAS OF SPECIALIZATION

PLEASE "X" ALL AREAS OF EXPERTISE AND CIRCLE AREA OF PRIMARY SPECIALIZATION

EXAMPLE:

Hazardous Materials Management (HAZ)

*Hazwoper, Haz Mat Shipping,
Training*

Petroleum Industry Safety (PS)

Aviation Safety (AS)

Product Safety (PRO)

Construction Safety (CS)

Public Safety/Health (PS&H)

Environmental Safety and Health (ES&H)

Radiation/Nuclear Safety (NS)

Ergonomics (ERG)

Risk Management (RM)

Fire Safety/Science (FS&S)

Safety/Loss Control Science (S&LC)

Hazardous (Toxic) Materials Management (HAZ)

Security and Safety (S&S)

Industrial Hygiene (IH)

Transportation Safety (TS)

Occupational Safety and Health (OS&H)

Other (please specify)

Please mail, fax, or e-mail this form to:



WSO World Management Center

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