

# 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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