



SSM Membership and HSP Designation

Personal Information:

First Name: _____

Last Name: _____

Email: _____

Contact Information:

Mailing Address: _____

City: _____ Prov: _____

Country: _____ Postal Code: _____

Ph: _____ Fax: _____

Education:

High School Community College

Technical Institute University Degree

College/University number of years completed _____

Diploma/Degree: _____

Continuing Education Courses: _____

Professional Information:

Employer: _____

Title: _____

Current Professional Designations

Canadian Registered Safety Professional

Registered Occupational Hygienist

Construction Safety Officer

Other _____

Area of Expertise: _____

Years in Present Position: _____

Years in Related Work: _____

Principle Product Manufactured or Service Provided: _____

Number of Employees at your location: _____

Membership and HSP Application Fees:

The cost of membership and application to enter the HSP designation process is \$179.00 plus tax.

Please note: Payment must accompany this application.

Check Payment Enclosed VISA MasterCard

Cardholder Name: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Upon receipt of this application and processing of payment, your membership in Safety Services Manitoba will be activated and an information package will be sent outlining the steps to complete your HSP designation requirements.

How did you hear about us?

Safety Services Manitoba Website

Safety Services Manitoba Conference

Colleague

Friend/Relative

Other _____

Related Organizations

List any professional associations you are a member of:

I am committed to involvement in health and safety at my workplace upon completing the requirements of the designation.

Agree Disagree

I am committed to ongoing professional development in the field of Occupational Health and Safety.

Agree Disagree

Declaration

I hereby certify that the aforementioned statements are correct. If accepted, I agree to be governed by the code of ethics of the HSP designation as they are or as they may become. I further promise to promote the objectives of the designation.

Signature

Date

