

## SUSTAINING MEMBERSHIP INFORMATION

Sustaining membership is available to organizations, agencies and institutions wishing to support the advancement of System Safety technology and practice through the System Safety Society (SSS).

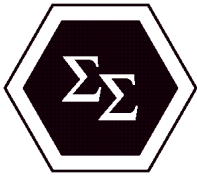
**BENEFITS** — Sustaining Members are entitled to:

- Ten copies of each issue of *Hazard Prevention* (the official journal of the Systems Safety Society) which may be distributed as requested (limited to two different addresses).
- 20% discount for exhibit booths/displays at Society sponsored conferences symposia.
- A feature article in *Hazard Prevention* detailing the safety-related activities of the Sustaining Member (copy to be prepared by member and submitted to the Editor for final review and approval).
- Listing of your organization on the inside front cover of each issue of *Hazard Prevention*.

**RECOGNITION** — Sustaining Members get the satisfaction of:

- Having visibility in the internationally recognized journal, *Hazard Prevention*.
- Showing their support for promotion of the system safety concept.
- Helping the System Safety Society retain its leadership role in advancing system safety technology.
- Enabling the System Safety Society to continue its programs and efforts to broaden the application of system safety.
- Being involved in an effort to reduce personal injuries and damage, through a systematic approach to hazard identification, elimination or control and risk management.

**P.O. Box 70, Unionville, VA 22567-0070;**  
**Phone: (540) 854-8630 Fax: (540) 854-4561**  
**email: [sysSAFE@ns.gemlink.com](mailto:sysSAFE@ns.gemlink.com)**



**APPLICATION FOR SUSTAINING MEMBERSHIP**

Check one of the following:

\_\_\_ Domestic — \$300.00/year      \_\_\_ Foreign — \$400.00/year

Name of Organization, as you wish it to appear in *Hazard Prevention*:

\_\_\_\_\_

Name and address of individual who will serve as technical contact for Society interface and coordination:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Name and address to be used for mailing annual Membership billings and invoices:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

REQUESTED DISTRIBUTION OF *Hazard Prevention* COPIES (10 copies allotted):

Send \_\_\_ copies of *Hazard Prevention* to technical contact listed above.

Mail *Hazard Prevention* copies to:

Number of copies (at least two per address): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Number of copies (at least two per address): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Please submit application with monies to:

**System Safety Society**  
**P.O. Box 70, Unionville, VA 22567-0070;**