

**PRINT & FILL OUT OR APPLY AT:
NRASP.ORG/MEMBERSHIP**

**NORTHERN REGION ASSOCIATION OF SAFETY PROFESSIONALS (NRASP)
Membership Application**

APPLICATION INFORMATION

| | | |
|------------------|--------|----------|
| Company Name: | | |
| Name: | Phone: | Mobile: |
| Fax: | Email: | Website: |
| Company Address: | | |
| City: | State: | Zip: |

PAYMENT INFORMATION

- | | | |
|--------------------------|-----------------------------|-------|
| <input type="checkbox"/> | 1 Member Primary Membership | \$160 |
| <input type="checkbox"/> | 2 Member Bundle | \$280 |
| <input type="checkbox"/> | 3 Member Bundle | \$400 |
| <input type="checkbox"/> | 4 Member Bundle | \$520 |
| <input type="checkbox"/> | 5 Member Bundle | \$640 |

Total Due =

MEMBERSHIP INFORMATION

Annual membership dues are \$160 per year. The membership year begins January. A primary membership entitles the company representative free admission to regular monthly meetings typically held the third Wednesday of every month from 11:30 am 1:00 pm. You may add as many Associate members as you like at a reduced rate of \$120 per additional member or individual guest fees are \$20 per meeting.*

**All monthly meetings are virtual with gift card to local restaurant until further notice.*

METHOD OF PAYMENT

Cash

Check

Bill me

Payable to NRASP

| | | |
|----------------|----------------|-----------|
| Credit Card #: | | |
| Exp Date: | Security Code: | Zip Code: |

I'm interested in serving on the following:

- Communications Committee
- Conference Committee
- Golf Committee



SEND APPLICATION TO:
NRASP
Po Box 1663
Fargo, ND 58107
NRASPSafetyPros@gmail.com