



P.O. Box 167

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A Nonprofit Corporation Offering a Refreshing New Approach to Workplace Safety

***Application for Charter as a Chapter of the
National Association of Safety Professionals***

Name of Person Requesting Charter or Designated Contact		Date Submitted
Physical Address		NASP Certifications Held* and Membership Number
Email Address of Contact	Daytime Telephone Number of Contact	Fax Number of Contact
Shipping Address of Contact		Mailing Address of Contact
Place of Employment and Job Title of Contact		
Name and Address of Other Charter Members		

Proposed Name of Chapter and Geographical Area of Representation			
Relationship of Charter Members:	<input type="checkbox"/> A. Existing Unaffiliated Safety Group Desiring to Affiliate with NASP Current Group Name:	<input type="checkbox"/> B. Existing Safety Group Desiring to Affiliate with NASP. Currently Affiliated with:	<input type="checkbox"/> C. Chapter Will Not Replace Any Existing Safety Group
If you answered A or B above, give a brief history of your group:			
I have read and understand the Chapter Bylaws of The Nional Association of Safety Professionals and agree to abide by the terms of these Chapter Bylaws.			
Authorized Signature of Person Requesting Charter or Designated Contact			Date

* It is not a requirement to hold NASP Certifications in order to form a chapter

**SUBMIT THE APPLICATION TO:
The Executive Director
National Association of Safety Professionals**

**Mail to: PO Box 167
Shelby, NC 28151**

Or FAX to: (704) 487-1579

Or Email to: Administrative@NASPWeb.com