

APPLICATION FOR MEMBERSHIP

To become a member of the Workplace Safety & Health Association, please completely fill out (in BLOCK LETTERS) the form below, attach the required documents and submit the signed application to the Workplace Safety & Health Association.

Part A: Applicant Information													
1	Name with initials												
2	First Name												
3	Last Name												
4	NIC Number												
5	Gender (Pls tick)	Male					Female						
6	Date of Birth (DDMMYYYY)												
7	Residential Address	Address line 01(Number)											
		Address line 02(Lane & City)											
		Address line 03(Province)											
8	Designation of Current role												
9	Highest Educational Qualification	Institute				Course Title				Year of Graduation			
10	Other professional qualifications related to OSH	Institute				Course Title				Year of Graduation			
11	Experience in OSH												
12	Any other current memberships in OSH community (Pls tick)	Yes	No	If yes, Pls specify the Organization and Membership ID									
Part B: Information of Organization													
12	Name of Organization												
13	Year of Establishment												
14	Address of the Organization	Address line 01(Number)											
		Address line 02(Lane & City)											
		Address line 03(Province)											
15	Company Category (Pl tick)	Local					Multinational						
16	Contact No	Mobile					Work						

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17	E- Mail address	
18	Web-site	
19	Major activities of the Organization	
20	Key safety and health responsibilities in your role	
21	Expectations of joining WSHA	

Part C: Document submission (Pls tick for attached documents)

i	Profile of the applicant	
ii	Certificates of educational qualifications	
iii	Certificates of professional qualifications	
iv	Organization profile	
v	Structure of the Organization	
vi	Letter of Confirmation issued by employer	
vii	Payment voucher of membership fee	

Part D: Declaration by Applicant

I do here by certify that the above particulars given by me are true and accurate to the best of my knowledge.

Date:	D	D	M	M	Y	Y	Signature	
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----- (Official Use only) -----

Part E: Membership category - (Pls tick)

Executive Member		Non Executive Member	
Fellow		Technical	
Chartered		Associate	
Graduate		Affiliate	
Membership ID			
Membership Granted on	D	D	M M Y Y Y Y

Signature of President WSHA	
Signature of Executive committee member for Membership and communication	