



Application for Chapter Membership Holmes Safety Association

MAIL COMPETED FORM TO:

Joseph A. Holmes Safety Association
P.O. Box 9375
Arlington, VA 22219

Email: Awards@HolmesSafety.org

Telephone: (703) 235-0249

Fax: (703) 235-0011

Application is hereby made for admission to the Holmes Safety Association. It is understood that this organization will be designed as a Chapter.

Chapter Name will be (To be Chosen by the Organization) _____

_____ Safety Chapter. It will be located at

_____ Organization _____ City _____ County _____ State

Desire Start-up date is: _____

Chapter meetings will normally be held: _____ of each month.

Membership size will be (Number of Employees): _____

Type of operation: Underground Surface Mine
 Mill Contractor Other _____

If applicable: Mine Number _____ Contractor Number _____

Describe the product or service of the organization _____

Chapter Representative

(Please print or type name and address)

Name and title: _____

Organization Name: _____

Organization Address: _____

Organization Phone No: _____ Fax No: _____ Signature of Chapter Representative

We received assistance and/or information on how to apply for Holmes Safety Membership from:
