Redwood Safety Association

Membership Application/Renewal Form **Please Print Clearly**

Date: _____

Member Name: _____

Employer (If Applicable): _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

☐ I wish to become a Full Member of the Redwood Safety Association $30 per year

☐ I wish to renew my Membership in the RSA $30 per year

Please make check or Purchase Order to the Redwood Safety Association (RSA) and return to:

Redwood Safety Association
Attn: Jon Sowers, Membership Chair
PO Box 36
Grants Pass, OR 97528

For Official Use Only

☐ **Full Member**
Annual Dues: _____
Paid on: _____
Paid by: _____