



# *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  
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: \_\_\_\_\_