



Membership Application

Name: _____

Title & Position: _____

Nature of Work: _____

Business Name/Address _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

TECHNICAL EDUCATION:

Degrees Received/Dates: _____

Certification(s) held: _____

AGRISAFE NETWORK MEMBERSHIP LEVELS

For detailed descriptions of available membership benefits, please visit www.agrisafe.org

- AgriSafe Provider*** **Annual Fees--\$150**
AgriSafe Provider Membership is available to organizations that have a trained provider who has attended and passed the 40 credit hour agricultural occupational health training program.
- Organizational Membership*** **Annual Fees--\$250**
Organizational Membership is designed to support organizational entities that are concerned with agricultural health and safety matters but do not plan to operate an AgriSafe clinic.
- Individual Membership*** **Annual Fee--\$50**
Individual Membership is structured toward the professional who is concerned about agricultural health and safety but who is not able to operate an AgriSafe clinic.
- Farmer or Farmworker Membership*** **Annual Fee--\$50**
Farmer or Farmworker Membership includes those who do not derive an income from work related to agricultural health and safety.

Applicant's Signature _____ Date _____

Membership dues are payable to AgriSafe Network, Inc. at the time of application.
Mail your check to: AgriSafe Network, Attn: Kristi, 1200 1st Ave E, Spencer, IA 51301.
If you have any questions, please call 1-866-312-3002 or e-mail kfisher@agrisafe.org

The AgriSafe Network respects your privacy and will not distribute or sell your electronic information.