

# Sheffield Occupational Health & Safety Association

## Application for Membership

<b>Full Name *</b>			
<b>Job Title *</b>			
<b>Company Name</b>			
<b>Site Address *</b>			
		<b>Postal Code</b>	
<b>Home Telephone</b>			
<b>Business Telephone *</b>			
<b>Fax</b>			
<b>Mobile Telephone</b>			
<b>Email Address *</b>			
<b>Website Address</b>			
<b>N° Employees</b>		<b>N° Sites</b>	

**Please Note:** Required Fields Marked with an Asterisk (\*)

## Subscription Payment

Annual Membership of the Sheffield Occupational Health & Safety Association is charged at only £30/yr. Please select your preferred payment method below:

<input checked="" type="checkbox"/>	<b>Payment Method</b>
<input type="checkbox"/>	<b>Cheque</b> (payable to "Sheffield Occupational Health and Safety Association")
<input type="checkbox"/>	<b>Bank Account Credit Transfer</b> (BACs - details below)

### Bank Account Credit Transfer

Yorkshire Bank PLC, 661 Staniforth Road, Darnall, Sheffield, S9 4RE  
Sort Code: 05-08-28 Account No: 38872887

## Declaration

We/I desire to apply for membership of the Sheffield Occupational Health and Safety Association and agree to conform to the Constitution. The constitution is available online from the association website ([www.sohsa.org.uk](http://www.sohsa.org.uk)) or on request from the secretary.

Signed ..... Date .....

(To be signed by a Director/Secretary of the Company or the named individual if applying for individual membership)

### Please Return This Application Form To:

Mrs Tracey Stubbs, SOHSA Secretary  
PO Box 667, Chesterfield, S40 9GZ

[www.sohsa.org.uk](http://www.sohsa.org.uk)

Sheffield Occupational Health and Safety Association  
PO Box 667, Chesterfield, S40 9GZ

Tel: +44 (0) 797 141 5913 | Fax: +44 (0) 114 290 1851 | Email: [info@sohsa.org.uk](mailto:info@sohsa.org.uk)

