



Advocates of excellence in occupational safety and health.

Application/Renewal Form

Please Print Clearly

Date: _____ SHARP | VPP Approval Date: _____

Company Name: _____

Physical Address: _____

Mailing Address: _____

Contact Name: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Company website: _____

Type of Industry: _____ Number of Employees: _____

Non-Union Union (Union Name): _____



I wish to JOIN the Oregon SHARP Alliance as:

I wish to RENEW my Oregon SHARP Alliance membership as:

Patron Member (\$50.00 per year)
(Must be a SHARP or VPP company)

Associate Member (\$25.00 per year)
(Must be an advocate of Safety & Health)

Does your facility have a meeting room available which can accommodate 45 people, which you would be willing to use to host a future Oregon SHARP Alliance meeting?



Please make check or P.O. to the Oregon SHARP Alliance and return to:

Oregon SHARP Alliance
c/o: Jodi Hall,
111 N Valley Dr
Grants Pass, OR 97526

For Official Use Only	
<input type="checkbox"/> Patron Member	<input type="checkbox"/> Associate Member
Annual dues: _____	
Date Paid: _____	
Region #: _____	
Membership Date: _____	