



**Application for District/State Council Membership
Holmes Safety Association**

MAIL COMPETED FORM TO:

Joseph A. Holmes Safety Association
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Telephone: (703) 235-0249

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District/State Council Information

(Please type or print)

Date _____ District/State Council name _____

Location _____
City _____ County _____ State _____

Name of MSHA district in your area _____

Membership size will be (Number of Employees): _____

Mailing address for official correspondence

(Please notify the National office if this address is changed for any reason)

Name of person or company contact _____

Street/PO Box _____ Telephone _____

City _____ State _____ ZIP _____

Please provide the following information and update annually

President _____ Telephone _____

First Vice President _____

Second Vice President _____

Third Vice President _____

Treasurer _____

Secretary _____ Telephone _____