

FOR INTERNAL USE ONLY:

FUND MEMBER NUMBER _____

SHEFFIELD ASSOCIATION OF FEDERATED EMPLOYERS

**The Sheffield Building
900 Corporate Drive
Birmingham, Alabama 35242**

APPLICATION FOR MEMBERSHIP

I desire to share in the work and benefits of the Sheffield Association of Federated Employers (SAFE) and do hereby apply for membership as a Regular Member. I agree to pay the established member dues which are currently \$180.00 per year but which may be raised by the SAFE Board of Directors from time to time.

SAFE is an Alabama non-profit corporation organized and existing to provide safety engineering and loss control education to its members. During the term of my membership, I agree to pay all dues in a timely manner, to follow all loss control recommendations made by SAFE or its designee and to abide by the rules and regulations established by its Board of Directors.

I acknowledge and agree that failure to pay member dues in a timely manner will result in the termination of my membership in SAFE and will constitute legal grounds for the cancellation of my workers compensation coverage through The Sheffield Fund. I further acknowledge and agree that the Member Deposit, which I paid to participate in The Sheffield Fund, may be used to pay any delinquent SAFE member dues without other or further notice to me.

NAME OF EMPLOYER _____

ADDRESS _____

NATURE OF BUSINESS _____

TELEPHONE _____ FAX _____

BY: _____
Authorized Officer or Agent of Employer

NAME AND TITLE OF OFFICER/AGENT _____