

Committee Member Application Form Mine Safety and Health Conference

I hereby apply for membership on the Mine Safety and Health Conference Committee.

Date: _____

Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Work Cell: _____ Work Email: _____

- 1) Does your company have a registered MSHA Mine / Contractor ID? Yes _____ No _____
- 2) Have you ever attended the Mine Safety and Health Conference? Yes _____ (how many _____)
- 3) Do you understand the commitment involved in membership? Yes _____ (see below)

The Conference Committee has at least three (3) on site planning meetings per year. Members of the Committee may participate in these meetings through electronic communications, videoconferencing, teleconferencing or other available technology which allows the participants to communicate simultaneously or sequentially. Participating in a meeting through such means constitutes presence in person at the meeting. Participation of committee members is required. Members MUST attend at least one (1) conference-planning meeting prior to the conference and must hold a seat on one (1) or more subcommittees, to remain ACTIVE.

Participation in a SUBCOMMITTEE is required and subcommittee members shall meet as directed by respective subcommittee chair.

Participation and attendance of the conference is encouraged, but not required to stay an active member.

4) Membership in other Professional Organizations/Conference:

Organization/Conference Name:	Contact Information Name/Number

5) What skills/experiences can you contribute to the Mine Safety and Health Conference:

Skills:	Experience:

6) Please rank in order 1-3 your top choices for subcommittee selection (please note assignment is based on the need of the subcommittee and cannot be guaranteed):

Events/Awards _____ Registration _____ Publicity _____ Exhibitors _____ Speakers _____
 Hotel _____

7) Do you currently know/affiliated with a current Mine Safety and Health Conference Committee Member? If so, please provide name(s): _____

8) Signature: _____ Date: _____

Do not use – MSHC Tracking Only	
Application Received By:	Name:
Application Received On:	Date:
Application Sent to Committee On:	Date:
Membership Application Accepted/Rejected:	Date:
Member Issued MSHC Welcome Letter and By-Laws:	Date: Name:
Membership Rejected sent Thank You Letter:	Date: Name: