



NUTSEA
NATIONAL UTILITY TRAINING & SAFETY EDUCATION ASSOCIATION
SAFETY • SKILL • SERVICE

2020 Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Job Title: _____

Phone: _____ Spouse's Name: _____

Email: _____ Are you a CLCP? _____

Sponsoring Member's Name: _____

Percentage of time spent on safety: _____
(Attach job description with complete job summary or list of duties)

Number of years in electric industry: _____

Number of years in safety profession: _____

*Check attached _____ Paid via credit card _____ Date paid _____

Please send completed application and \$135 check or money order made out to NUTSEA to:

NUTSEA
c/o Donna Cavanaugh
P.O. Box 1163
Youngsville, NC 27596

Note: Applications received after August 23, 2020 will be considered for membership in 2021.