

# Member Designation Form

## Designation Guidelines

Please submit a Member Designation Form for each federal agency representative appointed to serve as a member of a FFSHC. Please return the completed form to the appropriate FFSHC chairperson.

To be an officially appointed FFSHC member, the designee must be an agency employee and a:

- Federal occupational safety and health professional;
- Federal professional or collateral duty personnel;
- Management official; or,
- Representative of a recognized federal labor organization.

## FFSHC

Please list the FFSHC to which you are appointing a member: \_\_\_\_\_

## Member Information

Name				
Title				
Agency				
Work Address				
E-mail Address				
Phone Number				
Type of Representative (Select all that apply)	<input type="radio"/> Management	<input type="radio"/> Labor	<input type="radio"/> Occupational Safety and Health Professional	<input type="radio"/> Collateral Duty Personnel

## Designating Official Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Designating Official Signature \_\_\_\_\_ Date \_\_\_\_\_