

## ***Life Member with Miller®***

*Recognizes those persons who have realized the benefits of a quality fall protection program through practical experience.*

### **Membership guidelines:**

- Worker escapes serious injury because they were using Miller brand Fall Protection equipment (exclusively and not in conjunction with other brands) in the proper manner at the time of the accident.
- The employee's supervisor or safety supervisor contacts a Miller Fall Protection representative or a Miller distributor for a "Life Member with Miller" application.
- The completed application is returned to Honeywell.
- A plaque honoring the worker and a plaque honoring the employer for properly utilizing fall protection equipment is produced.
- A personalized harness with a special "Life Member" tag is produced.
- The plaques and harness are sent to the Miller Fall Protection sales representative or the Miller distributor for an award presentation with the worker and employer.
- Please allow approximately 3 weeks for the delivery of the "Life Member" award products.
- Upon meeting the Life Member with Miller membership guidelines, this program is offered at no cost.

To inquire about the "Life Member with Miller" program, contact Honeywell Technical Service at **800/873-5242**.



# Life Member with Miller®

## Application for Membership

(Please type or print neatly. Some of this information will be engraved on the award plaques and the personalized harness.)

Because \_\_\_\_\_ who is employed by \_\_\_\_\_  
escaped serious injury by wearing Miller® brand fall protection at the time of an accident, I hereby make application  
for membership into the "Life Member with Miller".

History of Accident \_\_\_\_\_

Date of Accident \_\_\_\_\_

Place of Accident \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_

**Full description of what happened** (copy of accident report is acceptable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

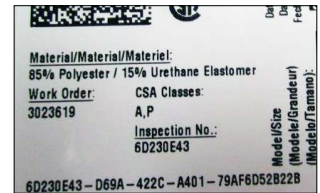
Approximate age of fall protection equipment \_\_\_\_\_

Miller model # of harness (found on the label) \_\_\_\_\_ (Circle color: black, green, orange, other)

Size of worker's harness \_\_\_\_\_

Work Order Number (found on the harness label called "Work Order") \_\_\_\_\_

(The award harness will be provided in the above model and size.)



Submitted by \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_ eMail \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

By submitting this application you are giving Honeywell permission to use your success story with Miller products in our publicity material. Upon meeting the Life Member with Miller membership guidelines, this program is offered at no cost.

I hereby certify the statements made above are true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please email or mail to: [hsptechsupport@honeywell.com](mailto:hsptechsupport@honeywell.com)

Honeywell  
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