

## ***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 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 Miller Fall Protection.
- 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.

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



by Honeywell

# 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).

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

Miller/Titan model # of harness (found on the label) \_\_\_\_\_ (Circle color: green, blue, orange)

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

Work Order Number (found on the label called "WO# 1234567") \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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.*

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please mail or fax to: **"Life Member with Miller"**  
**Miller Fall Protection/Honeywell**  
**1345 15th Street - PO Box 271**  
**Franklin, PA 16323**  
**Tel: 800/873-5242 Ext.#1536**  
**Fax: 814/437-2973**