

# Membership

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

Contact Person #1: \_\_\_\_\_

Title(s): #1: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_

Title #2: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

PO Box: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Exempt #: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web-Site: \_\_\_\_\_

Other facility locations (addresses):  
\_\_\_\_\_  
\_\_\_\_\_

Standard Industrial Classification (SIC): \_\_\_\_\_

Type of Business: \_\_\_\_\_

# of Employees: \_\_\_\_\_ # of Forklifts: \_\_\_\_\_

# & Size of Trucks: \_\_\_\_\_

Other Machinery (requiring safety training):  
\_\_\_\_\_

Current Safety Concerns: \_\_\_\_\_

Referred by: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Signature: \_\_\_\_\_

Become a member today and begin saving on your occupational and safety training.

Yes! I want to invest in safety and health and accept your invitation to join the Safety Council.

Benefits will begin immediately.

## ANNUAL BUSINESS MEMBERSHIP DUES:

*Annual dues are based on the number of employees*

EMPLOYEES	DUES
1-100 .....	\$100
101-200 .....	\$200
201-300 .....	\$300
301-500 .....	\$400
501 plus .....	\$500

*(Rates Subject to Change)*

