

Please take a moment to fill out the application below. Your information will help us determine the course content and training recommendations that address your organization's workplace safety needs.

Company Information

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Billing Address (if different): _____

 Company Website: _____
 Describe your business: _____
 SIC Code: _____ or check one of the following:
 Construction Manufacturing Municipality Healthcare
 Retail Wholesale Transportation Other: _____
 Number of employees? _____

Contact Information

Main Contact: _____
 Title: _____
 Phone: _____ Ext: _____
 Fax: _____
 E-mail: _____
 Safety Officer: _____
 Title: _____
 Phone: _____ Ext: _____
 Fax: _____
 E-mail: _____

Areas of Interest

Please send me more information on the following areas (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Training calendar | <input type="checkbox"/> Forklift certification |
| <input type="checkbox"/> Onsite training at my company | <input type="checkbox"/> Scissor lift |
| <input type="checkbox"/> Mini-course training topics | <input type="checkbox"/> Confined space training |
| <input type="checkbox"/> Occupational safety training | <input type="checkbox"/> Fleet safety / driver safety programs |
| <input type="checkbox"/> OSHA OTI training | <input type="checkbox"/> Ergonomic assessment |
| <input type="checkbox"/> CPR, AED and first aid training | <input type="checkbox"/> Job hazard analysis |
| <input type="checkbox"/> Bloodborne pathogens | <input type="checkbox"/> Mock OSHA inspection |
| <input type="checkbox"/> Online Health & Safety Training | <input type="checkbox"/> Workplace safety policy information |
| <input type="checkbox"/> Other _____ | |

Membership Dues

Please make checks payable to Suncoast Safety Council, Inc. - call to pay by phone or pay by credit card below:

Name: _____
 Credit Card Type (check one): Visa Mastercard Amex Discover
 Credit Card Number: _____
 Expiration Date (MM/YY): ____ / ____ Verification Code (last 3 digits on back of card): _____
 Credit Card Billing Address: _____
 Authorized Payment Amount: _____
 Authorized Signature: _____

Annual Membership Rates

# EMPLOYEES	MEMBERSHIP RATE
Individual	\$70
1-99	\$150
100-349	\$240
350-649	\$350
650-799	\$500
800-1199	\$750
1200 +	\$1,000

Suncoast Safety Council, Inc.

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Website: www.safety.org

Clearwater Office

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