

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): _____

Contact Information

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

**Digital membership provides access to SSC online products and information.
Please tell us about any additional topics we might be able to help you with:**

- | | |
|--|--|
| <input type="checkbox"/> On-site training at my location | <input type="checkbox"/> Forklift training |
| <input type="checkbox"/> Occupational safety training | <input type="checkbox"/> Scissor lift training |
| <input type="checkbox"/> CPR, AED & first aid training | <input type="checkbox"/> Confined space training |
| <input type="checkbox"/> Online health & safety training | <input type="checkbox"/> Driver safety programs |
| <input type="checkbox"/> Workplace safety assessment with report | <input type="checkbox"/> 10 & 30 hr. general industry training |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 10 & 30 hr. construction training |

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 or 4 digits on back of card): _____
Credit Card Billing Address: _____

Annual Membership Rate - \$200**Clearwater Office**

1145 Court Street
Clearwater, FL 33756

Suncoast Safety Council, Inc.

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E-mail: suncoast@safety.org
Website: www.safety.org

St. Petersburg Office

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**WORK SMART. WORK SAFE.**