

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.

## Government Information

County/City Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 \_\_\_\_\_

## Contact Information

Main Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Contact Information

Risk Manager: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Safety Manager: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Areas of Interest

We would like more information on the following areas (check all that apply):

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

## 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: \_\_\_\_\_  
 Authorized Payment Amount: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

## Annual Membership Rates

Government Type	Membership Rate
County	\$1000
City	\$500

### Clearwater Office

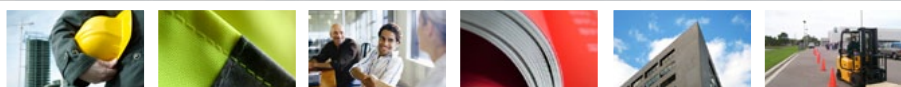
1145 Court Street  
 Clearwater, FL 33756

### Suncoast Safety Council, Inc.

Phone: (727) 442-5121  
 Fax: (727) 442-2321  
 E-mail: [suncoast@safety.org](mailto:suncoast@safety.org)  
 Website: [www.safety.org](http://www.safety.org)

### St. Petersburg Office

455 31st St. North  
 St. Petersburg, FL 33713



**WORK SMART. WORK SAFE.**

