

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:
 ___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"/> Annual complimentary on-site consultation | <input type="checkbox"/> Forklift training |
| <input type="checkbox"/> On-site training at my company | <input type="checkbox"/> Scissor lift training |
| <input type="checkbox"/> Occupational safety training | <input type="checkbox"/> Confined space training |
| <input type="checkbox"/> OSHA 300 form evaluation | <input type="checkbox"/> Driver safety programs |
| <input type="checkbox"/> CPR, AED & first aid training | <input type="checkbox"/> 10 & 30 hr. general industry training |
| <input type="checkbox"/> Online health & safety training | <input type="checkbox"/> 10 & 30 hr. construction training |
| <input type="checkbox"/> Workplace safety assessment with report | <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 or 4 digits on back of card): _____
 Credit Card Billing Address: _____
 Authorized Payment Amount: _____
 Authorized Signature: _____

Annual Membership Rates

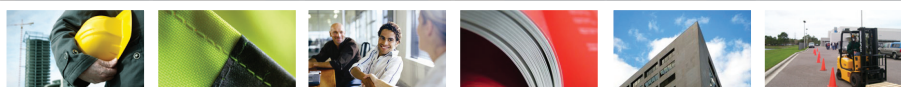
# EMPLOYEES	MEMBERSHIP RATE
1-99	\$200
100-349	\$290
350-649	\$400
650-799	\$550
800-1199	\$800
1200 +	\$1,050

Suncoast Safety Council, Inc.

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WORK SMART. WORK SAFE.

