Membership Application

Please Print or Save Form as a PDF and Email to safety@safety.org

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 Website:	Company Information	Contact Information
Address: City/State/Zip: Billing Address (if different): Company Website: Describe your business: ConstructionManufacturingMunicipalityHealthcare	Company Name:	Main Contact:
City/State/Zip:		Title:
Billing Address (if different):	City/State/Zip:	_ Phone:Ext:
Company Website:	Billing Address (if different):	Fax:
Describe your business: _Construction _Manufacturing _Municipality _Healthcare _Retail _Wholesale _Transportation Other: Phone: _ Ext:		E-mail:
	Company Website:	
RetailWholesaleTransportation Other: Phone: Ext:	Describe your business:	Safety Officer:
Number of employees? Fax: E-mail: Areas of Interest Please send me more information on the following areas (check all that apply): Annual complimentary on-site consultation Forklift training On-site training at my company Scissor lift training Occupational safety training Confined space training OSHA 300 form evaluation Toilined space training 10 & 30 hr. general industry training 10 & 30 hr. general industry training 10 & 30 hr. general industry training 10 & 30 hr. construction training Workplace safety assessment with report Workplace safety policy information Other	ConstructionManufacturingMunicipalityHealthca	re Title:
Areas of Interest Please send me more information on the following areas (check all that apply):	RetailWholesaleTransportation Other:	
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Annual complimentary on-site consultation		(check all that apply):
On-site training at my company Occupational safety training OSHA 300 form evaluation ORR, AED & first aid training Online health & safety training Online health & safety training Workplace safety assessment with report Other Membership Dues Please make checks payable to Suncoast Safety Council, Inc call to pay by phone or pay by cred card below: Name: Credit Card Type (check one): Visa Mastercard Amex Discover Credit Card Number: Credit Card Billing Address: Authorized Payment Amount: Authorized Signature: Confined space training Confined space training Confined space training Driver safety programs 10 & 30 hr. construction training Workplace safety policy information Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training Workplace safety policy information 10 & 30 hr. construction training 10 & 30 hr. const	<u> </u>	
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Workplace safety assessment with report Other Membership Dues Please make checks payable to Suncoast Safety Council, Inc call to pay by phone or pay by cred 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: ———————————————————————————————————		10 & 30 hr. general industry training
Membership Dues Please make checks payable to Suncoast Safety Council, Inc call to pay by phone or pay by cred 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:	Online health & safety training	10 & 30 hr. construction training
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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:	·	, Inc call to pay by phone or pay by credit
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Verification Code (last 3 or 4 digits on back of card): Credit Card Billing Address: Authorized Payment Amount: Authorized Signature:	Credit Card Type (check one): □Visa □Mastercard □Amex □	Discover
Verification Code (last 3 or 4 digits on back of card): Credit Card Billing Address: Authorized Payment Amount: Authorized Signature:	Credit Card Number:	Expiration Date (MM/YY): /
Credit Card Billing Address: Authorized Payment Amount: Authorized Signature:		
Authorized Payment Amount: Authorized Signature:		
Authorized Signature:		

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

Phone: (727) 442-5121 Fax: (727) 442-2321 www.safety.org safety@safety.org

Clearwater Office

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St. Petersburg Office

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