



# National Safety Council Membership Application



## ORGANIZATION INFORMATION

Organization/Company Name \_\_\_\_\_

Street Address (for package shipments) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Total number of employees (including drivers): \_\_\_\_\_

Please check if you prefer **NOT** to receive NSC electronic/fax communications

Gift Code:

**OSHA**

## CONTACT INFORMATION

### Primary Safety and Health Contact (for benefit fulfillment)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Additional Contact

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Additional Contact

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## ORGANIZATION LOCATION INFORMATION

Please indicate the number of additional locations (facilities and offices) included in this membership: \_\_\_\_\_

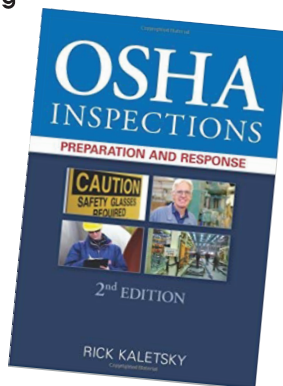
To maximize the participation of your employees at each of your locations, please attach a list containing location names, titles, address, city, state, ZIP +4, phone numbers, fax numbers, and email addresses for those covered in this membership. Please email it to [wsc@wisafetycouncil.org](mailto:wsc@wisafetycouncil.org).

## 3 EASY WAYS TO JOIN!

- Online at [wisafetycouncil.org](http://wisafetycouncil.org)
- Mail your application to WSC, 501 E. Washington Ave. Madison, WI 53703-2914 or email it to [wsc@wisafetycouncil.org](mailto:wsc@wisafetycouncil.org)
- Call us (608) 258-3400

## FREE GIFT OFFER

**Yes. Please send my free gift:**  
*OSHA Inspections: Preparation and Response* to the primary contact above. Enter gift code: **OSHA**



## MEMBERSHIP DUES

**SAVE MORE!**

Number of Employees	1 Year Membership	2 Year Membership	3 Year Membership
1-49	\$425	\$765	\$1080
50-99	\$495	\$890	\$1255
100+	\$650 + \$1 per employee over 100	\$1170 + \$2 per employee over 100	\$1650 + \$3 per employee over 100

## PAYMENT BREAKDOWN

Base Dues (see chart above) \$ \_\_\_\_\_

No. of Employees over 100 \_\_\_\_\_ x \$ \_\_\_\_\_ = + \_\_\_\_\_  
Rate per Employee Additional Dues

**Total Annual Dues** = \$ \_\_\_\_\_

**NOTE:** Dues are capped at \$21,000 for organizations with 20,450 employees or more.

## PAYMENT OPTIONS

Payment **MUST** accompany this application.

Please check one:

Check Enclosed - Check No. \_\_\_\_\_  
(payable in U.S. funds to National Safety Council)

Bill My Credit Card

MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it Appears on Card (Please print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

## OUR SAFE AND SMART MONEY-BACK GUARANTEE

If for any reason you are not satisfied with your National Safety Council membership in the first 90 days, simply let us know and we will issue a no-questions-asked refund.

Join online at [wisafetycouncil.org](http://wisafetycouncil.org)

members get more

