

MEMBERSHIP APPLICATION

1. PLEASE PROVIDE THE FOLLOWING INFORMATION. (PLEASE PRINT)

Company/Organization: _____

Principal Contact: Name _____

Mr. ___ Title _____

Mrs. ___

Ms. ___ Telephone (____) _____ Extension _____

Miss ___

Fax (____) _____ Email _____

Mailing Address: Address _____

City _____ State _____ Zip _____

Physical Location: Address _____

City _____ State _____ Zip _____

Billing Contact: _____

Safety Officer: _____

Describe your principal business activity: _____

2. SELECT APPROPRIATE MEMBERSHIP TYPE FOR YOUR COMPANY/ORGANIZATION:

	<u>First Year</u>	<u>Renewal</u>
	(includes a one-time administration fee)	
<input type="checkbox"/> 1-99 employees	\$125	\$100
<input type="checkbox"/> 100 to 199 employees	\$175	\$150
<input type="checkbox"/> 200 to 299 employee	\$225	\$200
<input type="checkbox"/> 300 or more employees	\$325	\$300

Number of employees at this location: _____

NCFSC is a private, not-for-profit, public service organization. Annual fees are tax deductible, and are used to enhance the available materials and training classes for our members.

3. METHOD OF PAYMENT

Check or Money Order enclosed.

Charge to: ___ Visa ___ Mastercard ___ Other

Cardholder _____ Card # _____

Exp. Date _____

Signature _____

4. Mail to: North Central Florida Safety Council
3710 NW 51st Street, Suite A
Gainesville, Florida 32606

Email: reg@ncfsc.com
Fax to: (352) 377-7544
Questions: (352) 377-2566

5. Today's date: _____