

**SANDUSKY AREA SAFETY COUNCIL
2015/2016 MEMBERSHIP INFORMATION**

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Ext: _____ Fax:(_____) _____

Type of Work: _____ Average No. of Employees: _____

BWC Policy Number: _____ - _____

Person to receive Safety Campaign Form: _____

CEO/President Name: _____

Please **PRINT** all information

MEMBERSHIPS

First Regular Membership - \$150.00

Name: _____ \$ _____

E-mail: _____

Additional Regular Memberships - \$125.00 each:

Name: _____ \$ _____

E-mail: _____

Name: _____ \$ _____

E-mail: _____

Name: _____ \$ _____

E-mail: _____

Total Amount Paid: \$ _____

Make check payable to: *Sandusky Area Safety Council*

(Copy form if more names are required)