

# Safety Center Membership Enrollment

## MEMBERSHIP BENEFITS:

Most importantly, you are demonstrating your support of a positive safety culture in your organization.

Additionally you receive:

- Member rates on open enrollment training programs (up to 20% savings)
- Member discounts on products, including instructor kits, student books, and more (10% or more off)
- Free, downloadable PowerPoint Presentations
- Free, downloadable 5-minute safety talks
- Occupational Safety and Health excellence achievement awards
- Free forum passes (varies by level and excludes the annual Symposium)

## Company Information

Company Name		Number of Employees (Estimate)	
Contact Name		Title:	
Email:			
Phone Number:		FAX:	
Company Address:		City:	State: Zip:
<input type="checkbox"/> Agribusiness <input type="checkbox"/> Construction <input type="checkbox"/> Distribution <input type="checkbox"/> Environmental <input type="checkbox"/> Food/Beverage service <input type="checkbox"/> Government <input type="checkbox"/> Insurance			
Business Type: <input type="checkbox"/> Joint Power <input type="checkbox"/> Manufacturing <input type="checkbox"/> Public Works <input type="checkbox"/> Retail <input type="checkbox"/> Service Industry <input type="checkbox"/> Transportation <input type="checkbox"/> Utility			
<input type="checkbox"/> Other: _____			

## MEMBERSHIP DUES:

Membership is open to all public and private sector companies.

A one year membership starts the day you join, and membership benefits are extended to everyone in your organization.

Your membership level is determined by the size of your company:

	Annual Dues	Number of Employees
<input type="checkbox"/>	\$100	1-49 Employees
<input type="checkbox"/>	\$200	50-99 Employees
<input type="checkbox"/>	\$300	100-499 Employees
<input type="checkbox"/>	\$500	500+ Employees

## Payment Information

<input type="checkbox"/> Enclosed is a Check For:	<input type="checkbox"/> Please send invoice. PO Number:
<input type="checkbox"/> Please Charge my Credit Card: \$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Credit Card Number:	EXP:
Name on Card:	Signature:
Billing Address if Different from Above:	

## Safety Center

3909 Bradshaw Road | Sacramento, CA 95827  
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