

# Membership Application

## Company Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Billing Address (If Different): \_\_\_\_\_  
 \_\_\_\_\_  
 Company Website: \_\_\_\_\_

## Contact Information

Main Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Safety Officer: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext \_\_\_\_\_

**Describe your business check one of the following:**

## Areas of Interest

**Please send me more information on the following areas (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Back Safety                            | <input type="checkbox"/> Pet CPR   |
| <input type="checkbox"/> Basic Driver Improvement               | <input type="checkbox"/> Flagging  |
| <input type="checkbox"/> Bloodborne Pathogens                   | <input type="checkbox"/> IMOT (Maintenance of Traffic-Intermediate level)  |
| <input type="checkbox"/> Confined Spaces                        | <input type="checkbox"/> IMOT- Refresher Maintenance of Traffic- Intermediate<br>(Designed for individuals whose certification is due to expire) |
| <input type="checkbox"/> CPR/AED                                | <input type="checkbox"/> Respiratory Protection  |
| <input type="checkbox"/> CPR Pro/AED                            | <input type="checkbox"/> Steel Erection  |
| <input type="checkbox"/> First Aid                              | <input type="checkbox"/> PPE   |
| <input type="checkbox"/> Fall Protection                        | <input type="checkbox"/> Trenching and Excavation  |
| <input type="checkbox"/> Fork lifting and other lifting devices | <input type="checkbox"/> OSHA Construction 10 Hour   |
| <input type="checkbox"/> HAZMAT (Handling hazardous materials)  |  |

## Membership Dues

Name: \_\_\_\_\_

Credit card Type (Check One)  Visa  MasterCard  Amex  Discover

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_/\_\_\_\_ Verification Code (Last 3 digits on the back of the car): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Authorized Payment Amount: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Please make checks payable to Southwest Florida Safety Council, Inc. Call to pay by phone or pay with credit card. There is a non refundable 3% processing fee that will be added to every credit/debit transaction.**

## Annual Membership Rates

1-50	\$100.00
51-99	\$175.00
100-149	\$225.00
150-249	\$275.00
250-399	\$300.00
400-599	\$330.00
600-849	\$350.00
850-999	\$380.00



**Southwest Florida Safety Council, Inc.**  
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