

# 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"/> Flagging  |
| <input type="checkbox"/> Basic Driver Improvement              | <input type="checkbox"/> IMOT (16 Hr. Maintenance of Traffic-Intermediate level)   |
| <input type="checkbox"/> Basic Life Support                    | <input type="checkbox"/> IMOT- (8 Hr.) Refresher Maintenance of Traffic- Intermediate<br>(Designed for individuals whose certification is due to expire) |
| <input type="checkbox"/> Bloodborne Pathogens                  | <input type="checkbox"/> Lockout Tagout  |
| <input type="checkbox"/> Confined Spaces                       | <input type="checkbox"/> Respiratory Protection  |
| <input type="checkbox"/> CPR/AED                               | <input type="checkbox"/> Steel Erection  |
| <input type="checkbox"/> First Aid                             | <input type="checkbox"/> Pet CPR   |
| <input type="checkbox"/> Fall Protection                       | <input type="checkbox"/> PPE   |
| <input type="checkbox"/> Fork lift & other lifting devices     | <input type="checkbox"/> Trenching and Excavation  |
| <input type="checkbox"/> HAZCOM (Handling hazardous materials) | <input type="checkbox"/> OSHA 10 Construction & General Industry   |
| <input type="checkbox"/> Hand/Power Tools                      | <input type="checkbox"/> OSHA 30 Construction & General Industry   |

### 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 card): \_\_\_\_\_

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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**Email: [cbrett@swflsc.com](mailto:cbrett@swflsc.com)**

**Phone: (239) 479-4904 or**

**Email: [glennb@swflsc.com](mailto:glennb@swflsc.com)**

**Phone: (239) 479-4903**

**Fax: (239) 332-3093**