

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 |
| <input type="checkbox"/> Bloodborne Pathogens | (Designed for individuals whose certification is due to expire |
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Lockout Tagout |
| <input type="checkbox"/> CPR/AED | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Steel Erection |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Pet CPR |
| <input type="checkbox"/> Fork lift & other lifting devices | <input type="checkbox"/> PPE |
| <input type="checkbox"/> HAZCOM (Handling hazardous materials) | <input type="checkbox"/> Trenching and Excavation |
| <input type="checkbox"/> Hand/Power Tools | <input type="checkbox"/> OSHA 10 Construction & General Industry |
| | <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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Phone: (239) 479-4904 or

Email: claras@swflsc.com

Phone: (239) 479-4903

Fax: (239) 332-3093