



SAFETY CENTER  
INCORPORATED

## Membership Enrollment Application

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

Company: \_\_\_\_\_ -# Employees: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Select Your Business Sector

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Construction   |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Distribution  | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Government  | <input type="checkbox"/> Other _____   |   |

### Annual Membership Dues

**Bronze**  **Cost \$55**

*(Individual, Public Training Agencies for FA/CPR)*

**Bronze Plus**  **Cost \$85**

*(Individual, Public Training Agencies for FA/CPR)*

**Copper**  **Cost \$150**

*(Companies with fewer than 35 employees, specific departments within an agency)*

**Silver**  **Cost: \$200** (Includes Base Fee and Employee count)

*(1-100 employees, one site only)*

**Gold**  **Cost: \$300** plus \$0.65 per employee after first 100

*(101-1,999 employees; for up to five sites. For additional sites, add \$100 per site)*

**Platinum**  **Cost: \$1,535** plus \$0.65 per employee after first 2,000

*(2,000 + employees; for up to ten sites. For additional sites, add \$150 per site)*



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**Total Cost:** \$ \_\_\_\_\_

**Payment Method:**

Check/Money Order

Bill Me-P.O. # \_\_\_\_\_

Credit Card

MC/Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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