

St. Joseph Safety and Health Council

Annual Membership Application



COMPANY INFORMATION

Company Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Website Address _____

Billing Address (if different then mailing address) _____

Please briefly describe your company/business. _____

CONTACT INFORMATION

Safety & Health Primary Contact

Additional Contact

Name _____

Name _____

Title _____

Title _____

E-mail _____

E-mail _____

Phone _____

Phone _____

MESA

Membership in the Midland Empire Safety Association is included in your membership with the St. Joseph Safety Council. Up to two employees from your company that meet membership requirements may be designated as voting members of this sub-committee. (Please see MESA brochure for more information.)

MESA Contact #1

MESA Contact #2

Name _____

Name _____

Title _____

Title _____

E-mail _____

E-mail _____

Phone _____

Phone _____

MEMBERSHIP AGREEMENT

By signing below I understand that becoming a member of the St. Joseph Safety and Health Council imposes no specific obligations on my company/business other than the annual payment as indicated.

Printed Name _____

Signature _____

Title _____

Date _____

2015 MEMBERSHIP FEES

1-9 Employees	\$125
10-19 Employees	\$225
20-49 Employees	\$250
50-99 Employees	\$300
100-199 Employees	\$325
200-499 Employees	\$375
500+ Employees	\$425
Companies Outside Metro Area	\$200
United Way Non-profits	\$175

PAYMENT DUE

Number of Employees _____

Annual Membership Fee \$ _____

PAYMENT OPTIONS

Please check one:

☐ Check Enclosed-Check # _____

☐ Payment to be sent separately

☐ Please Invoice-PO# _____

☐ Credit Card

☐ Master Card

☐ VISA

☐ American Express

☐ Discover

Card # _____

Expiration Date ____/____

Security Code _____

(three digits on back of card)

Name as It Appears on Card (print) _____

Signature of Card Holder _____

Credit payments will not be processed until January 1, 2015 unless otherwise requested.

HOW TO SUBMIT

Mail: St. Joseph Safety & Health Council

118 S. 5th St., St. Joseph, MO 64501

Fax: 816-233-8343

Scan & Email: sjsc@stjoesafetycouncil.org

Questions? Call us at 816-233-3330

Skip the paper and join or renew on-line!

Visit www.stjoesafetycouncil.org and click on **Join the Safety Council.**