



MEMBERSHIP APPLICATION

To join the Evergreen Safety Council, complete this form, then print and mail it with your payment to ESC, 401 Pontius Ave North, Seattle, WA 98109

This form can be completed with your keyboard and tabbing between fields, or leave it blank, print it and complete by hand.

COMPANY NAME _____

PRIMARY CONTACT _____

STREET ADDRESS _____

TITLE _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PHONE _____

EMAIL _____

FAX _____

SECOND CONTACT _____

EMAIL _____

TITLE _____

TYPE OF ORGANIZATION: Construction Distributor

PHONE _____

Government Insurance Manufacturer

EMAIL _____

Transportation Utility Other _____

AREAS OF INTEREST - Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> EverSafe Driving Program | <input type="checkbox"/> Traffic Control Supervisor | <input type="checkbox"/> First Aid/CPR Certifications |
| <input type="checkbox"/> Motorcycle Safety Programs | <input type="checkbox"/> Traffic Control Flagger Certification | <input type="checkbox"/> Safety & Health Specialist Certificatio |
| <input type="checkbox"/> Onsite Consulting / Training | <input type="checkbox"/> Forklift Instructor/Operator | <input type="checkbox"/> Health & Safety Technician Certificati |
| <input type="checkbox"/> Pilot/Escort Vehicle Training | <input type="checkbox"/> Accident Investigation | <input type="checkbox"/> Confined Space Entry |
| <input type="checkbox"/> Please have someone contact me | <input type="checkbox"/> Ergonomics & Safe Lifting | <input type="checkbox"/> Lockout / Tagout |
| <input type="checkbox"/> Safety Committees | <input type="checkbox"/> Safety Inspections / Audits | <input type="checkbox"/> Respiration Evaluation / Fit Test |

MEMBERSHIP DUES

Number of Employees	Annual Dues	Number of Employees	Annual Dues
<input type="checkbox"/> 1 - 50	\$175	<input type="checkbox"/> 501 - 800	\$785
<input type="checkbox"/> 51 - 250	\$265	<input type="checkbox"/> 801 - 1500	\$895
<input type="checkbox"/> 251 - 500	\$485	<input type="checkbox"/> 1500+	Contact ESC at 800-521-0778

PAYMENT OPTIONS (Payment or P.O. number MUST accompany this application)

TOTAL DUE _____ Check Enclosed PO # _____

VISA MasterCard AmEx Discover Name on Card _____

Card # _____ Exp Date _____ V-Code* _____

Signature _____

V-Codes:
 Visa / MC - 3 digit extension on back of card in white signature strip, or on it's own.
 AmEx - 4 digit extension on front of card, above card number.
 Discover - No V-code required.

Thank you for joining the Evergreen Safety Council - we look forward to serving you!