

Membership Application

How did you hear about us?

- Online Search Referral
 Social Media Other: _____

ORGANIZATION/COMPANY INFORMATION

Organization/Company Name _____

Street Address (for package shipments) _____

City _____ State _____ Zip+4 Postal Code _____

PO Box (for U.S. Mail) _____ City _____ State _____ Zip+4 Postal Code _____

Main Phone Number _____ Main Fax Number _____ Website Address _____

NAICS Code Find your NAICS Code at www.census.gov/epcd/www/naics.html

CONTACT INFORMATION

Check Box For Membership Renewal Contact, Can Only Select One.

Primary Safety Contact

Name _____ Title _____ Phone _____ Email _____

Primary Wellness Contact

Name _____ Title _____ Phone _____ Email _____

Billing/Invoicing Contact (if different from above)

Name _____ Title _____ Phone _____ Email _____

MEMBERSHIP RATES

Membership pricing is based off of total number of equivalent full-time employees.

NUMBER OF EMPLOYEES	MEMBERSHIP RATES
1-49	\$361
50-99	\$412
100-149	\$464
150-199	\$515
200-249	\$618
250-299	\$721
300-399	\$824
400-499*	\$1,030

*For companies with 500 or more employees, please contact us for pricing by calling 402.483.2511 ext. 104

Number of Full-Time Employees: Membership Dues Total:

To protect your credit card information, we recommend submitting portion of the form via email and call us to make the payment over the phone:

Payment required with application. Please check one:

Credit Card MasterCard Visa

Check Enclosed - Check No. _____
(payable in U.S. funds to Nebraska Safety Council)

Card No. _____ Expiration Date _____ 3 digit Security Code _____

P.O. No. _____
(Requires documentation of purchase order attached)

Name on card (please print) _____

Signature _____

Submit your application below or send directly to: nesc@nesafetycouncil.org or 3270 Folkways Blvd., Ste. 201 \ Lincoln NE 68504