

Membership Application

ORGANIZATION INFORMATION

Organization/Company Name _____

Street Address (for package shipments) _____

City _____ State _____ Zip _____

Total number of employees _____

CONTACT INFORMATION

Primary Safety & Health Contact

Name _____ Title _____ Phone _____ Email _____

Additional Contact

Name _____ Title _____ Phone _____ Email _____

ORGANIZATION LOCATION INFORMATION

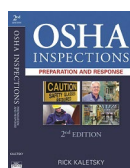
Please indicate the number of additional locations
(facilities and offices) included in this membership: _____

JOIN TODAY

- E-mail your completed application to members@wmsafetycouncil.org
- Mail your Application to the address below OR
- Call (307) 635-4592

FREE GIFT

OSHA Inspections: Preparation and Response
(\$136 value)



MEMBERSHIP DUES

Number of Employees	1 year Membership	2 year Membership	3 year Membership
1-49	\$425	\$765	\$1080
50-99	\$495	\$890	\$1255
100+	\$650 + \$1 per employee over 100	\$1170 + \$2 per employee over 100	\$1650 + \$3 per employee over 100

PAYMENT BREAKDOWN

Base Dues (see chart above) \$ _____

No. of Employees over 100 _____ x \$1 = \$ _____

Total Annual Dues = \$ _____

PAYMENT OPTIONS

Payment must accompany this application
(payable in US funds to Wyoming Montana Safety Council)

☐ Check Enclosed, Check No. _____

☐ Bill My Credit Card

☐ Visa ☐ MC ☐ AMX ☐ Discover

Card Number _____

Name on Card _____ Zip Code _____

Expiration _____ CVV code _____

☐ PO Number _____

Net 30 days - WMSC will invoice. Membership will begin once your invoice is paid in full.

We guarantee a hassle-free renewal. We will automatically renew your membership each year for as long as you like. We will send you advance notice before your next term begins outlining your dues and when your card will be charged. If you wish not to renew, simply call before your next term begins.