

# MEMBERSHIP APPLICATION



NEBRASKA CHAPTER

Please complete and return this form to

National Safety Council, Nebraska  
11620 M Circle  
Omaha, NE 68137

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

Company Name: \_\_\_\_\_

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

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

Total number of employees (including drivers): \_\_\_\_\_

**OR REGISTER ONLINE AT**  
[www.SafeNebraska.org/Member](http://www.SafeNebraska.org/Member)

## 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

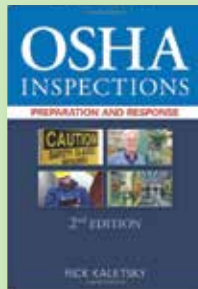
Note: Dues are capped at \$21,000 for organizations with 20,450 employees or more.  
\*\$35.11 of the membership dues is for an annual subscription to Safety+Health \* magazine

## OUR SAFE & SMART MONEY BACK GUARANTEE

If for any reason, you're not satisfied with your National Safety Council membership in the first 90 days, simply let us know and we will issue you a no-questions-asked refund.

**YES.**

Please send my FREE Gift: *OSHA inspections: Preparation and Response* to the primary contact below.  
Gift Code: OSHA



## PAYMENT BREAKDOWN

Base dues (See Chart Above) \$ \_\_\_\_\_

Number of employees over 100 \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

**Total Annual Dues** \$ \_\_\_\_\_

## PAYMENT OPTIONS

Payment MUST accompany this application. Please check one:

Check Enclosed Check Number \_\_\_\_\_  
(payable in U.S. funds to National Safety Council)

If you would like to pay with a credit card, please visit us at [www.SafeNebraska.org/member](http://www.SafeNebraska.org/member) or call 402.899.7364 . National Safety Council is committed to protecting the security of your Credit Card information.

## CONTACT INFORMATION

**Primary Safety and Health Contact** (For Benefit Fulfillment)

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional 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: \_\_\_\_\_

To maximize participation of your employees at each of your locations, please attach a list containing location names, titles, addresses, city, state, ZIP+4, phone numbers, fax numbers and email addresses for those covered in this membership. Please fax the list to **402.896.6331** or email it to: [membership@safenebraska.org](mailto:membership@safenebraska.org).

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