MEMBERSHIP APPLICATION

Please complete and return this form to
National Safety Council, Nebraska
11620 M Circle
Omaha, NE 68137

Company Name: ____________________________
Primary Contact: ____________________________
Street Address: ______________________________
City: ___________ State: ___________ Zip: ________
Total number of employees (including drivers): ________

— 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.

— 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

— CONTACT INFORMATION —

Primary Safety and Health Contact (For Benefit Fulfillment)
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: ________

— MEMBERSHIP DUES —

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>1 Year Membership</th>
<th>2-Year Membership</th>
<th>3-Year Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-49</td>
<td>$425</td>
<td>$765</td>
<td>$1080</td>
</tr>
<tr>
<td>50-99</td>
<td>$495</td>
<td>$890</td>
<td>$1255</td>
</tr>
<tr>
<td>100+</td>
<td>$650 + $1/employee over 100</td>
<td>$1170 + $2/employee over 100</td>
<td>$1650 + $3/employee over 100</td>
</tr>
</tbody>
</table>

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

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

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