

MEMBERSHIP APPLICATION

Please complete and return this form to

National Safety Council Ohio Chapter

25 E. Boardman St., Suite 338

Youngstown OH, 44503



Company Name: _____

Primary Contact: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Total number of employees: _____

More info or to apply
PHONE: (800) 715- 0358

Fax: (330) 747-6141

Email: info@nscoho.org

Employees	1 Year	2 Years	3 Years
1-49	\$499	\$898	\$1,272
50-100	\$549	\$988	\$1,400
101-500	\$849	\$1528	\$2,165
501-1,000	\$1,399	\$2,518	\$3,567
1,001-5,000	\$2,899	\$5,218	\$7,392
5,001-10,000	\$7,999	\$14,399	\$20,397
10,001-20,000	\$15,999	\$28,799	-
20,001+	\$24,999	\$44,998	-

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 _____

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 call 330.747.8657. The National Safety Council is committed to protecting the security of your Credit Card information.

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 **330.747.6141** or email it to: **info@nscoho.org**

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