

Welcome to the National Safety Council!

MEMBERSHIP APPLICATION

Primary Contact

NAME _____

COMPANY NAME _____

TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPANY PHONE NUMBER _____

EMAIL _____

1121 Spring Lake Drive
Itasca, IL 60143-3201



Our Safe and 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.

Membership Dues *

Save more!

Number of Full-Time Employees	1 Year Membership	2-Year Membership	3-Year Membership
1-49	\$499	\$898	\$1,272
50-100	\$549	\$988	\$1,400
101-500	\$849	\$1,528	\$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	N/A
Over 20,000	\$24,999	\$44,998	N/A

Payment breakdown and options

Number of full time employees _____

Total Annual Dues \$ _____

Payment MUST accompany this application. Please check one:

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

P.O. No. _____

If you would like to pay with a credit card, please visit us at nsc.org/join or call (800) 621-7619. National Safety Council is committed to protecting the security of your credit card information.

Organization location information

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 addressed for those covered in this membership. Please fax the list to (630) 285-9288 or email it to: membershipinfo@nsc.org.

Additional Contact

NAME _____ TITLE _____

PHONE _____ EMAIL _____

Additional Contact

NAME _____ TITLE _____

PHONE _____ EMAIL _____

Additional Contact

NAME _____ TITLE _____

PHONE _____ EMAIL _____

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