

Membership Benefits and Categories

BENEFIT SELECTION (please list your e-mail address on the reverse side for fulfillment)

Organization/Company Name _____

- Select One: *OSHA Up To Date*® PRINT *OSHA Up To Date*® E-MAIL *Traffic Safety*® PRINT *Traffic Safety*® E-MAIL
(Content is copyright protected and may not be forwarded to other e-mail addresses)
- Select the electronic, bi-monthly Library Alert(s) you would like to receive: **Traffic** **Home & Community** **Workplace**
- Select the electronic, bi-monthly industry-specific newsletter(s) you would like to receive: **Business & Industry** **College & University Safety**
 Community Safety **Construction** **Labor** **Transportation Safety** **Utilities**
- I am interested in becoming an active volunteer with the National Safety Council. Please send me information: **Yes** **No**

EXCLUSIVE CORE BENEFITS AND PRIVILEGES AVAILABLE COMPANY WIDE:

- **Safety+Health**® magazine
- Weekly e-newsletter **Membership News Alert**
- **NSC Knowledge Center**, including access to Library Services
- Access to division networking groups
- Downloadable **Safety and Health Code of Ethics** and **Companion Resource Guide**
- **Access to member-exclusive** downloadable content at nsc.org
- Downloadable **Safety Talks and Posters**
- **Spectrum of Safety**
- **Local level support** through the chapter network
- Substantial product and training **discounts off non-member** pricing
- Announcements regarding **new library materials**
- Monthly informational **webinars**
- **Registration discount** for the annual NSC Congress & Expo
- Safety Motivation and Recognition **Awards Program**
- Accident Review (for an additional fee)
- **Emergency Alert Network**
- **Injury Facts**® presentations on nsc.org

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ADDITIONAL BENEFITS TO PRIMARY CONTACT	1-10 EMPLOYEES	11-49 EMPLOYEES	50-99 EMPLOYEES	100-18,704 EMPLOYEES	18,705+ EMPLOYEES
<i>Injury Facts</i> ® CD-ROM	UPON REQUEST	X	X	X	X
Choice of monthly newsletter – <i>Traffic Safety</i> ® or <i>OSHA Up To Date</i> ®	X	X	X	X	X
<i>Membership Advantage</i> newsletter – QUARTERLY	X	X	X	X	X
5-Minute Safety Talks		X	X	X	X
5-Minute Safety Talks on CD-ROM			X	X	X
<i>Family Safety & Health</i> ® magazine – QUARTERLY			X	X	X
Compliance Package Training Program – kit with workbooks			X	X	X
<i>Injury Facts</i> ® Challenge				X	X
Online trials of our defensive driving or first aid course				2	10

The Wisconsin Safety Council provides even more benefits, including:

- Discounts on conferences and seminars
- Customized training programs and services
- Special pricing available on safety products and compliance solutions

Wisconsin Safety Council

501 E. Washington Ave.
Madison, WI 53703
Phone: (608) 258-3400 or (800) 236-3400
Fax: (608) 258-3413
Web: www.wisafetycouncil.org



For more information about the **Wisconsin Safety Council**, please call **(608) 258-3400** or **(800) 236-3400**, or visit **www.wisafetycouncil.org**

Wisconsin Safety Council Membership Application

(U.S. AND CANADA)



MAIL PAYMENT TO:

The Chapter address listed on the reverse side of this application

For faster processing, credit card or P.O. payments can be faxed to:

(630) 285-9288

INSIDE THE U.S.

Phone: (800) 621-7619

OUTSIDE THE U.S.

Phone: (630) 775-2056

join.nsc.org

ORGANIZATION / COMPANY INFORMATION

Organization / Company Name _____

Street Address (for package shipments) _____

City _____

State _____

ZIP / Postal Code _____

Phone _____

Fax _____

E-mail _____

Total number of full-time employees (including drivers): _____ 4-digit NAICS code or industry: _____

How did you learn about NSC membership? _____

Please check if you prefer **NOT** to receive: NSC electronic/fax communications NSC Listserv communications Gift Code: _____

CONTACT INFORMATION

Primary Safety and Health Contact (for benefit fulfillment)

Name _____

Title _____

Phone _____

E-mail _____

Executive Management Contact

Name _____

Title _____

Phone _____

E-mail _____

Additional Contact

Name _____

Title _____

Phone _____

E-mail _____

ORGANIZATION LOCATION INFORMATION

Number of additional locations included in this membership (facilities and offices): _____

To maximize participation of employees at each additional location, please list location name, address, city, state, ZIP+4, phone number, fax number and e-mail address. Include safety and health, executive management and additional contact names, as well. Attach the list or fax it to **(630) 285-9288**.

MEMBERSHIP DUES

Number of Employees	Annual Dues per Organization
1-10 employees	\$295
11-49 employees	\$325
50-99 employees	\$365
100+ employees	\$395 + \$1.00 per employee over 100

PAYMENT FORMULA

Base Dues (see chart above) \$ _____

First 100 Employees + 0.00 _____

For additional Employees over 100

_____ x \$1.00 = + _____

No. of Employees over 100 Rate per Employee Additional Dues

Total Annual Dues = \$ _____

NOTE: Dues are capped at \$19,000 for organizations with employee counts of 19,705 or greater. Membership dues are nonrefundable.

PAYMENT OPTIONS

Payment MUST accompany this application.

Please check one:

Check Enclosed – Check No. _____

(payable in U.S. funds to National Safety Council)

Bill My Credit Card

MasterCard Visa Discover American Express

Card Number _____ Expiration Date _____

Name as It Appears on Card (please print) _____

Signature of Cardholder _____

P.O. No. _____

(requires documentation of purchase order attached)

NOTE: Net 30 days/National Safety Council will invoice.

JOIN ONLINE AT JOIN.NSC.ORG

Send completed application with dues payment to:
National Safety Council, P.O. Box 558, Itasca, IL 60143-0558

Please complete benefit selection on next page →