

GREAT LAKES SAFETY TRAINING CENTER

MEMBERSHIP APPLICATION



Company Profile

Company Name:		Date:
Website:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		Fax:
Accounts Payable Rep:		
Phone:		Email:
CEO/President:		Email:

Contact Information

Primary Contact:		Email:
Position:		
Secondary Contact:		Email:
Position:		

*Note - All persons listed above will be added to GLSTCs email list.

General Information

Please provide a general description of your business:

Please check any facilities you may work in:

Dow Chemical Nexteer SC Johnson Hemlock Semiconductor Covenant Health
 MidMichigan Health Xalt Energy Other _____

Please check all services you are interested in:

Safety Training Background Checks CPR/AED Site Rep Safety Safety Consulting OSHA Training (EMU)
 Other _____



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Member Credit

Approved references will allow members an extension of 30 days of credit for billing purposes. Invoices that are more than 30 days over due will be assessed 1.5% (monthly) services charges. In the event of default, member companies are liable for all costs of collection, including attorney fees and court costs. Member companies with balances over 90 days overdue forfeit member benefits and will be required to re-apply.

Credit reference #1 Company Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Credit Reference #2 Company Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Credit Reference #3 Company Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Payment

Membership Type:

Initial Membership \$375.00

Membership Renewal \$350.00

Payment Type:

Cash

Check

Visa

MasterCard

Discover

American Express

Credit Card Number:

CCV Number:

Name on Card:

Expiration:

Signature:

Terms & Conditions

By signing below I agree to the credit terms and authorize Great Lakes Safety Training Center to contact my credit references for account verification.

Signed:

Date:

Printed Name:

Title:

