

# GREAT LAKES SAFETY TRAINING CENTER

## MEMBERSHIP APPLICATION



### Company Profile

Company Name:		Date:
Website:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		
Accounts Payable Rep:		
Phone:		Email:
CEO/President:		Email:
<b>Contacts: A Primary Contact is the main contact for account inquiries, account changes, and also receives completed background reports. The secondary contact may call to register employees and inquire about background status.</b>		
Primary Contact:		Email:
Position:		Cell Phone:
Secondary Contact:		Email:
Position:		Cell Phone:
*Note - Both people listed in this section 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     
  Nexteer     
  SC Johnson     
  Hemlock Semiconductor     
  Corteva     
  IFF     
  Trinseo  
 MidMichigan Health     
  DuPont     
  Other \_\_\_\_\_

**Please check all services you are interested in:**

Safety Training     
  Background Checks     
  CPR/AED     
  OSHA Training (EMU)     
  Safety Consulting  
 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:

