

Membership Application/Invoice

Invoice #:



Member ID #:

PO #:

Please complete and return this form to:

Oklahoma Safety Council
2400 S. Vermont Ave.
Oklahoma City, OK 73108

Company Name: _____

Primary Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Total Number of Employees (including drivers): _____

Please Indicate Your Payment Option:

- Credit Card**
Pay online at OKSafety.org/Membership
- Check Enclosed**
Must be payable to National Safety Council



Pay by credit card online at
OKSafety.org/Membership

| Employees | 1 Year | 2 Years | 3 Years | |
|---------------|----------|----------|----------|------------------|
| 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 | - | |
| 20,001+ | \$24,999 | \$44,998 | - | Total: \$ |

Primary Contact Information:

Name _____ Title _____

Phone _____ Email _____

Additional Contact Information:

Name _____ Title _____

Phone _____ Email _____

To maximize participation of your employees at each of your locations, please attach a list containing location names, titles, addresses, city, state, zipcode, phone numbers, and email addresses for those covered in this membership and email the list to info@oksafety.org.

Additional Location Information

Please indicate the number of additional locations (facilities and offices) included in this membership

Accounting Contact Information:

Name _____ Title _____

Phone _____ Email _____

Accounting Address _____

Application Date _____