# National Safety Council Membership Application

**PRIMARY CONTACT INFORMATION**

Name

Company Name

Title

Address

City State Zip

Company Phone Number

E-mail Address

**ADDITIONAL CONTACT INFORMATION**

Name Title

Phone E-mail

Name Title

Phone E-mail

Name Title

Phone E-mail

**ANNUAL DUES**

| | |
|---|---|
| 1-10 Full-Time Employees | $399 |
| 11-49 Full-Time Employees | $549 |
| 50-100 Full-Time Employees | $749 |
| 101-500 Full-Time Employees | $1,099 |
| 501-1,000 Full-Time Employees | $1,799 |

Number of Full-Time Employees: _____

Total Annual Dues: _____

P. O. Number: _____

**Mail Checks To:**

Membership Activation
Safety & Health Council of North Carolina
4135 S. Stream Boulevard, Suite L150
Charlotte, NC 28217

**To pay with a credit card visit safetync.org/membership or call (704) 644-4221 or (919) 719-9814**

**Email:** destah@safetync.org **or** susanm@safetync.org

*August 2026*