

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:		E-mail:
Position:		
Secondary Contact:		Email:
Position:		
<i>*All persons listed above will be added to GLSTC's email list.</i>		
General Information		
Please provide a description of your business:		
Please check any facilities you may work in:		
<input type="checkbox"/> Dow Chemical <input type="checkbox"/> Dow Corning <input type="checkbox"/> Nexteer <input type="checkbox"/> SC Johnson <input type="checkbox"/> Hemlock Semiconductor <input type="checkbox"/> Covenant Health <input type="checkbox"/> MidMichigan Health <input type="checkbox"/> Xalt Energy <input type="checkbox"/> Other _____		
What services are you interested in? (Check all that apply)		
<input type="checkbox"/> Safety Training <input type="checkbox"/> Background Checks <input type="checkbox"/> CPR/AED <input type="checkbox"/> Site Safety Rep <input type="checkbox"/> Safety Consulting <input type="checkbox"/> OSHA Training (EMU Host Site) <input type="checkbox"/> Other		

1900 Ridgewood Drive • Midland, MI 48642

Ph: 989-837-2332 • Fax: 989-837-6330

www.glstc.org



Member Credit & Payment Options

Member Credit			
<i>Approved references will allow members an extension of 30 days of credit for billing purposes. Invoices that are more than 30 days due will be assessed 1.5% (monthly) service charges. In the event of default member companies are liable for all costs of collection, including reasonable attorney fees and court costs. Member companies with balances over 90 days forfeit member benefits and will be required to re-apply.</i>			
Credit Reference #1 Company Name:			
Address:			
City:		State:	
Phone: ()	Fax: ()	ZIP Code:	
Credit Reference #2 Company Name:			
Address:			
City:		State:	
Phone: ()	Fax: ()	ZIP Code:	
Credit Reference #3 Company Name:			
Address:			
City:		State:	
Phone: ()	Fax: ()	ZIP Code:	
Payment			
<input type="checkbox"/> Initial Membership (\$375.00)		<input type="checkbox"/> Renewal (\$350.00)	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Credit Card #:	-	-	-
Name on Card:			
Expiration:		Signed:	
Terms and Conditions			
<i>By signing below I agree to the credit terms and authorize Great Lakes Safety Training Center to contact my credit references for account verification.</i>			
Signed:		Date:	
Print Name:		Title:	

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