

Mississippi Gulf Coast Safety Council

MEMBERSHIP APPLICATION

The undersigned company wishes to become a Member of the Mississippi Gulf Coast Safety Council. We understand by becoming a Member we are entitled to net thirty (30) billing days after credit approval, Member rates on all classes offered by MGCSC, access to on-line scheduling, student histories and a subscription to an electronic newsletter keeping us informed of all the latest changes in industry. If at any time our account becomes delinquent, we understand we forfeit all Member rights and privileges until the account is made current. By submitting this application the undersigned company agrees to receive fax and email notifications from MGCSC/GNOIEC. MGCSC/GNOIEC will not share information contained in the application with any other entity.

Please fax completed Membership Application to Shelly Mire @ Fax# 504.469.7588.

ALL FIELDS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE PROCESSED

DATE: _____ CLIENT I.D. NUMBER: _____

FULL COMPANY NAME: (No Acronyms) _____

OFFICE/STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE: _____ OFFICE FAX: _____

WEBSITE: _____

COMPANY CONTACT NAME & TITLE:

First Name: _____ Last Name: _____

Title: _____ E-Mail Address: _____

Phone: _____ Ext. _____ Fax: _____

BILLING CONTACT:

First Name: _____ Last Name: _____

Title: _____ E-Mail Address: _____

Phone: _____ Ext. _____ Fax: _____

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Page 2 of 2

BILLING ADDRESS:

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____ Fax: _____

SAFETY / HEALTH & ENVIRONMENTAL CONTACT:

First Name: _____ Last Name: _____

Title: _____ E-Mail Address: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICE YOUR COMPANY WILL BE PROVIDING TO LOCAL INDUSTRY.

Check One:

_____ **Contractor Member --\$500.00 Annual Fee** *Membership fees will NOT be prorated.
Membership is billed annually in January.*

_____ **Owner Member --\$500.00 Annual Fee**

SIC Code(s): _____

** This application is valid for the company listed above and does not include any sub-contractors, which the company may employ.

** This application must accompany payment prior to account being established. This application will be submitted to the GNOIEC Board of Directors for final approval.

_____ **Office Use Only** _____

Approval Date: _____

GNOIEC/MGCSC Signature: _____

