



New Membership form for FREE 2016 & 2017 Membership Offer

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_
3. Type of business: \_\_\_\_\_
4. Year Company Established: \_\_\_\_\_
5. President or Chief or Chief Officer's Name & Title: \_\_\_\_\_
6. Company Contact's Name & Title: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Website Address: \_\_\_\_\_
9. Safety Officer: \_\_\_\_\_
10. Twitter: \_\_\_\_\_
11. Facebook: \_\_\_\_\_
12. Annual Sales (est.) \_\_\_\_\_
13. Facsimilia Number: \_\_\_\_\_
14. Contact Email Address: \_\_\_\_\_
15. Contact Phone Number: \_\_\_\_\_
16. States that company operates in: \_\_\_\_\_
17. Does Your Company Have a Safety Training and/ or Operators Qualification Program? \_\_\_\_\_
18. Number of Team Members at your company: \_\_\_\_\_

\*Please email this paper to: [rpinkus@assnsoffice.com](mailto:rpinkus@assnsoffice.com) **OFFER ENDS OCTOBER 31, 2016**