

## Membership Application

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Total number of full-time employees \_\_\_\_\_ City \_\_\_\_\_

Web Site: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year Founded \_\_\_\_\_ Phone \_\_\_\_\_

SIC Code \_\_\_\_\_ Fax \_\_\_\_\_

Non-Union \_\_\_\_\_ Union \_\_\_\_\_ If yes, what union? \_\_\_\_\_

Corporate Headquarters Location \_\_\_\_\_

**Describe the products / services provided** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Contacts</b>	<b>E-mail</b>	<b>Would you like this person to receive the Journal?</b>
CEO/President: _____	_____	YES /NO
Plant Manager: _____	_____	YES /NO
Office Manager: _____	_____	YES /NO
Safety Administrator: _____	_____	YES /NO
Human Resources: _____	_____	YES /NO
Information Technology: _____	_____	YES /NO

**Additional Positions to receive correspondence:**

_____	_____	YES /NO
_____	_____	YES /NO

