Membership Application/Invoice

Invoice #:

Member ID #:

PO #:

National Safety Council
NEBRASKA CHAPTER

Please complete and return this form to:

National Safety Council - Nebraska Chapter
3111 Oak View Drive
Omaha, NE 68144

Company Name: _____

Primary Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Total Number of Employees (including drivers): _____

Please Indicate Your Payment Option:

☐ **Credit Card**
Pay online at SafeNebraska.org/Membership

☐ **Check Enclosed**
Must be payable to National Safety Council

Pay by credit card online at SafeNebraska.org/Membership

Employees	1 Year	2 Years	3 Years	
1-10	$399	$718	$1,017	
11-49	$549	$988	$1,400	
50-100	$749	$1,348	$1,910	
101-500	$1,099	$1,978	$2,802	
501-1,000	$1,799	$3,238	$4,588	
1,001-5,000	$5,199	$9,358	$13,258	
5,001-20,000	$13,999	$25,198	$35,698	
20,001+	$25,999	-	-	Total: $

Primary Contact Information:

Name _____ Title _____

Phone _____ Email _____

Additional Contact Information:

Name _____ Title _____

Phone _____ Email _____

To maximize participation of your employees at each of your locations, please attach a list containing location names, titles, addresses, city, state, zipcode, phone numbers, and email addresses for those covered in this membership and email the list to safety@safenebraska.org.

Additional Location Information
Please indicate the number of additional locations (facilities and offices) included in this membership

_____

_____

_____

Accounting Contact Information:

Name _____ Title _____

Phone _____ Email _____

Accounting Address _____

Application Date _____