



# Safety Council of East Texas

## Application for Membership

The information in this application will be used for the purpose of creating membership with SCET. This information will not be shared with any outside parties.

Please complete all sections and return

Fax: (903) 758-1826 \* Email: [melissa@etsafety.org](mailto:melissa@etsafety.org)

Company Name:

Phone: (  )  Fax: (  )

Address:

City:  State:  Zip:

How will membership payment be made?  I will mail in a check for \$300  I will call with a credit card.

Contact Name:  Title:

Phone: (  )  Email:

Requested Username:  Password:

*System is case sensitive. If you do not include a username and password, one will be provided for you.*

### **Contact Information for Annual Safety Awards Application**

Contact Name:  Title:

Phone: (  )  Email:

Address: (if different from above)

City:  State:  Zip:

### **Office Use Only**

Member ID:  Date:  Initials: