

*We inspire our community to work in partnership
and cultivate a vibrant economic future.*



**Fond du Lac Area Safety Council
A program of Envision Greater Fond du Lac
23 S. Main Street, Suite 101
Fond du Lac, WI 54935**

APPLICATION FOR MEMBERSHIP

Name _____ Job Title _____
(Last) (First) (MI)

Employer Name _____

Employer Address _____

Business Phone _____ Fax Number _____

E-mail Address _____

Number of employees in your company _____

Brief description of duties relating to safety functions:

**Annual membership dues: 1 – 4 people per business \$50 each
5 – 9 people per business \$35 each
10 or more people per business \$30 each**

Note: Employer must be a member of Envision Greater Fond du Lac.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Dues _____

Approved _____ Not Approved _____