



Southwest Safety Training Alliance

Membership Application Contractors/Suppliers/Vendors

Date: _____

1. Business Name: (Print) _____
2. Contact Name: _____
3. Business Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Phone Number of Principle Contact Person: (_____) _____
6. Fax Number: (_____) _____
7. E-mail Address: _____
8. Phone Number of Secondary Contact Person: (_____) _____
9. Fax Number: (_____) _____
10. E-mail Address: _____
10. Number of Employees: _____
11. Describe Type of Business: _____
(Examples; Trade or Craft, materials supplier, equipment support, construction, educational etc.)

Yearly Membership Dues:

Contractors / Suppliers / Vendors

\$100.00 per month = \$1200 per year

SSTA Identification Number: 86-0871398

Checklist for applicant:

- ___ A. Completed items #1 thru #11.
- ___ B. Mail application Form and Membership Dues or payment to:

Southwest Safety Training Alliance
Attn: Marissa Evangelesta
4720 E. Cotton Gin Loop Suite 105
Phoenix, AZ 85040
Phone: 480-829-0580 Fax: 602-325-3521