



Southwest Safety Training Alliance

MEMBERSHIP APPLICATION
OWNER/PARTICIPATING BUSINESSES

Date: _____

1. Business Name: (Print) _____

2. Contact Name: _____

3. Business Address: _____

4. City: _____ State: _____ Zip Code _____

5. Phone Number of Principle Contact Personal :(_____) _____

6. Fax Number: _____ 7. E-mail Address: _____

8. Number of Employees: _____

9. Describe Type of Business: _____
(Examples of Type of Business: Trades and/or Crafts, Owner, Construction, Educational, etc.)

Yearly Membership Due:

Participating Owner (contractor user)

Number of Employees	Dues Per Year
0-249	\$ 500.00
250-999	1,000.00
1000-2499	2,500.00
2500-Plus	5,000.00

SSTA Employer Identification Number: 86-0871398

Checklist for applicant:

- ___ A. Completed items #1 thru #9.
- ___ B. Mail Application and Membership Dues to:

Southwest Safety Training Alliance
Attn: Accounts Receivable
4720 E. Cotton Gin Loop Suite 105
Phoenix, AZ 85040
480-829-0580