

## Greater Lafayette Area Safety Council

P.O. Box 5674 Lafayette, IN 47903-5674

Dear GLASC Member,

The Executive Board of the Greater Lafayette Area Safety Council is pleased to announce that dues for 2017 will remain unchanged.

- Membership dues for companies with 99 or less Employees will have a fee of \$50.00 per company.
- Membership dues for companies with 100 or more Employees will have a fee of \$75.00 per company.
- Membership dues cover the period from January 1, 2017 to December 31, 2017.

The many benefits of GLASC membership include:

- Safety, Educational, & Professional Development Seminars
- IOSHA Updates
- Advertising Space Available on GLASC Web Site
- Networking Opportunities among Safety Professionals
- Opportunities to address Safety Issues & Problem Solving
- Up to 3 Employees per company are welcome to attend each meeting

Please complete the attached invoice and return with payment. Also, all future correspondence will be by e-mail, so please provide your updated e-mail address.

Meeting information will be sent in an e-mail to council members. Please refer to the website at <a href="http://glasc.wordpress.com/">http://glasc.wordpress.com/</a> for additional information. If you are interested in hosting a meeting in 2017, please contact Shelley Wuerthner at shelley.wuerthner@conagrafoods.com or John Sanders at john.sanders@subaru-sia.com

We thank you for your continued support of GLASC. We look forward to seeing you at our next meeting.

Sincerely,

John Sanders President



## Greater Lafayette Area Safety Council

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## **INVOICE**

2017 GLASC Annual Dues \$50.00 (Companies with 99 or less Employees)
2017 GLASC Annual Dues \$75.00 (Companies with 100 or more Employees)
Submit completed forms to Genevieve Viduya at
genevieve.viduya@wabashnational.com

## MEMBERSHIP APPLICATION AND RENEWAL FORM

COMPANY NAME:			
COMPANY ADDRESS:			
CITY:	STATE:	ZIP:	
NUMBER OF EMPLOYEES:			
COMPANY REPRESENTATIVE:			
TELEPHONE NUMBER:	F <i>A</i>	AX NUMBER:	
EMAIL ADDRESS:			
CHECKS PAYABLE TO:  GREATER LAFAYETTE AREA SAFETY COU  CREDIT CARD INFORMATION:	INCIL (Remit to	o address above)	
*Note: There will be a 3% processing fee for all type: AMEX MASTERCARD VISA NAME ON CARD:	DISCOVER		
NUMBER:		<del></del>	
EXP. DATE:	_ CVV:	<del></del>	
ZIP CODE:			
SIGNATURE:			
Please indicate if you are a new memberYesNo If yes, please indicate who you were ref		y:	

http://glasc.wordpress.com