

as indicated above.

## Blue Ridge Safety Association Membership Registration Form Please scan/email registration form to treasurer, Gary Higgs to <a href="mailto:garyandmaryhiggs@comcast.net">garyandmaryhiggs@comcast.net</a>. Dues are renewed on an annual basis.

Company Fee Chart  1-100 Employees \$200.00  101-500 Employees \$300.00  501-1000 Employees \$400.00  1001 or more \$500.00  Name	State Number of end of the Non-Profit Safety aying by credit card is information is column and mail with any safety and mail with any safety and mail with any safety safety and mail with any safety saf	consultants/sal Student  Title Address Zip Code mployees Individual Association, and for please complete of the ple	Phone Amount Due Student Student Student Forward to treasurer, Gary Higgs at e credit card authorization information from will only be kept by the Blue Ridge
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NameCompany NameCity  E-mail  Type of Membership: Company  Paying by check? Make checks payable to: 776 Gravels Road, Harrisonburg, 22802. Path Credit Card Authorization Information: This Safety Association. Please print, complete Safety Association, ATTN: Gary Higgs, Treas	State Number of end of the Non-Profit Safety aying by credit card is information is column and mail with any safety and mail with any safety and mail with any safety safety and mail with any safety saf	Title Address Zip Code mployees Individual  Association, and for a please complete of the please compl	Phone Amount Due Student   forward to treasurer, Gary Higgs at e credit card authorization information.
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garyandmaryhiggs@comcast.net. Incomple	•	Road, Harrisonburg	g, VA 22802. You may also scan/email t
Credit Card Authorization Information:	: (Please Print Leg	gibly)	
Company Name:			
Name Listed on Credit Card:			
Cardholder Billing Address:			
City:	State:	:	Zip Code:
Contact Daytime Phone Number: ( )	<del>-</del>		
Credit Card Type: Visa Master	·Card A	merican Express _	Discover
Credit Card #		3 Digit Security Code on Back	
Expiration Date:/	(month/yea	r) Authorized Pay	ment Amount:
Cardholder Signature:			
certify that I am the authorized holder and			