



Residential Safety Council MEMBERSHIP APPLICATION

**Metro Indianapolis Coalition for Construction Safety, Inc.
(MICCS)**

MISSION STATEMENT

MICCS will benefit our community through the elimination of construction and maintenance accidents, injuries and job-related illnesses in the greater Indianapolis area.

NAME OF COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ WEBSITE _____

PRIMARY CONTACT _____

E-MAIL _____

COMPANY CEO _____

E-MAIL _____

SAFETY DIRECTOR (if any) _____

E-MAIL _____

Please identify three objectives you want to accomplish and/or three benefits you expect to derive from your membership in MICCS (OPTIONAL).

ADDITIONAL PERSONS TO RECEIVE MAILING (please list names on the reverse of this form)

MEMBERSHIP CATEGORIES

Membership Types	Membership Fee: Please fill in the bubble next to the membership that best applies to your company.
Builder above \$2 million	<input type="radio"/> \$600
Builder below \$2 million	<input type="radio"/> \$300
Trade Partner	<input type="radio"/> \$150
Associate	<input type="radio"/> \$150

CHECK ENCLOSED

PLEASE INVOICE

NOTE: Membership payments are deductible by businesses working within the construction industry as an ordinary business expense under Internal Revenue Code Section 162.

Signature: _____ Date: _____

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PHONE 317-328-2150 - FAX 317-328-2545 - www.miccs.org



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ADDITIONAL NAMES FOR MICCS MAILING LIST: (please print)
