



# SAFETY LEADER MEMBERSHIP APPLICATION

Organization Name:

Address:

City:

Postal Code:

Contact Name:

Phone Number:

Email:

Organization Size (Include the total number of regular, permanent staff members):

- 1 employee
- 2-4 employees
- 5-19 employees
- 20-99 employees
- 100+ employees

Thank you for your interest and investment in your organization's health and safety! Membership fees are paid annually, and will be invoiced to your organization once your request has been processed.

Return to Safety Services Nova Scotia by email to [contact@safetyservicesns.ca](mailto:contact@safetyservicesns.ca) or by fax to +1 902 454 6027

