



An association delivering smart choices to smart employers

SMART Association Membership Application

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Title: _____

Email: _____ Type of Business: _____

Are you currently participating in a retro program? Yes No

If so, which one? _____

Yes, I would like to be included in the Puget Sound Area Safety Summit Annual Participant Directory at no charge!

Please enclose an annual dues payment of \$450.00 payable to SMART. Upon acceptance, you will receive SMART training center coupons valued at \$200.00!

Mail Application To:

**130 Nickerson Street, Suite #307
Seattle, WA 98109**