



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 Education Center coupons valued at \$200.00!!

Mail Application To:
SMART Association
1711 S Jackson St
Seattle, WA 98144
(206) 812-3824 Fax: (206) 285-1693
www.smartwa.org