



**Contractors Safety Council  
of the Texas Mid-Coast. Inc.**  
411 West Main St.  
Port Lavaca, TX 77979  
Phone: (361) 552-7823  
Fax: (361) 552-1298

## **Membership Application**

(Please Print or Type)

**Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Person responsible for payable or is designated as Company Representative:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **Membership Information**

**Annual Membership Dues:\$250.00 Annually (Re-billed every December 31<sup>st</sup> for following year)**

### **Credit References**

**Applicant must supply three company credit references:**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Agreement:** I hereby agree to indemnify and hold harmless the Contractors' Safety Council of the Texas Mid-Coast, it's Officers, Directors, Trustees and employees from and against any damages or losses arising from or incidental to any training they provide to the undersigned company or it's employees. I also agree that the above company will submit, 30 days after date of invoicing, payment for all charges incurred by an employee participation in meetings, courses, orientations, etc.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**NOTICE: THIS MEMBERSHIP WILL BE VOID ON DECEMBER 31 OF THE YEAR APPLICATION IS ACCEPTED AND WILL BE RE-INVOICED FOR THE FOLLOWING YEAR. THIS FORM MUST BE COMPLETED BY ALL NEW COMPANIES SEEKING MEMBERSHIP FROM CSCTMC.**