



**Blue Ridge Safety Association Membership Registration Form**  
Please scan/email registration form to treasurer, Gary Higgs to  
[garyandmaryhiggs@comcast.net](mailto:garyandmaryhiggs@comcast.net). Dues are renewed on an annual basis.

**Company Fee Chart**

1-100 Employees	\$200.00
101-500 Employees	\$300.00
501-1000 Employees	\$400.00
1001 or more	\$500.00

**Non Profits** \$50.00

**Individual** \$50.00

\*Individual membership are reserved for consultants/sales with no employees

**Student** \$10.00

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Number of employees \_\_\_\_\_ Amount Due \_\_\_\_\_

Type of Membership: Company \_\_\_\_\_ Non-Profit \_\_\_\_\_ Individual \_\_\_\_\_ Student \_\_\_\_\_

Paying by check? Make checks payable to: **Blue Ridge Safety Association**, and forward to treasurer, Gary Higgs at 776 Gravels Road, Harrisonburg, 22802. Paying by credit card – please complete credit card authorization information.

Credit Card Authorization Information: This information is confidential. This form will only be kept by the Blue Ridge Safety Association. Please print, complete and mail with any applicable documentation for registration to Blue Ridge Safety Association, ATTN: Gary Higgs, Treasurer, 776 Gravels Road, Harrisonburg, VA 22802. You may also scan/email to [garyandmaryhiggs@comcast.net](mailto:garyandmaryhiggs@comcast.net). Incomplete forms may be returned for completion which will delay processing.

**Credit Card Authorization Information:** (Please Print Legibly)

Company Name: \_\_\_\_\_

Name Listed on Credit Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

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

Contact Daytime Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_ 3 Digit Security Code on Back \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year) Authorized Payment Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information provided is complete and accurate. I hereby authorize Blue Ridge Safety Association to process payment for all charges as indicated above.