



# MEMBERSHIP APPLICATION

Metro Indianapolis Coalition for Construction Safety, Inc.  
(MICCS)

## MISSION STATEMENT

MICCS will benefit our community through the elimination of construction and maintenance accidents, injuries and job-related illnesses in the greater Indianapolis area.

NAME OF COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPANY CEO \_\_\_\_\_

E-MAIL \_\_\_\_\_

SAFETY DIRECTOR (if any) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Please identify three objectives you want to accomplish and/or three benefits you expect to derive from your membership in MICCS (OPTIONAL).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL PERSONS TO RECEIVE MAILING (please list names on the reverse of this form)

## MEMBERSHIP CATEGORIES

Membership Types	Membership Fee: Please fill in the bubble next to the membership that best applies to your company.
Owner (Construction Consumer)	<input type="radio"/> \$600
Contractor and Construction Managers	<input type="radio"/> \$600
Associate	<input type="radio"/> \$300

CHECK ENCLOSED

PLEASE INVOICE

## MEMBERSHIP MAILINGS

(Please check all that apply)

- Indianapolis Area Member:  also wants to receive Lafayette Council mailings  
 does not want to receive Lafayette Council mailings
- Lafayette Council Member (will receive all MICCS information)

*NOTE: Membership payments are deductible by businesses working within the construction industry as an ordinary business expense under Internal Revenue Code Section 162.*

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

7439 WOODLAND DRIVE, SUITE 200 - INDIANAPOLIS, INDIANA 46278 -  
PHONE 317-328-2150 - FAX 317-328-2545 - www.miccs.org

