

2012 GEAPS Safety Award Program

Facility Information

Facility Name _____
Company _____
Street Address _____ Box/Drawer _____ Phone _____
City _____ State/Prov _____ Fax _____
ZIP/PC _____ Country _____ e-mail _____

Applicant Information

Facility Applicant

"Facility Applicant" is manager/superintendent of facility being entered in program.

Name _____ Title _____

GEAPS Member?

If applicant is not a member, must have a current member at the facility to receive the member rate.

Yes Membership Number _____

No Chapter _____

Contact Information

NOTE: Complete only if person completing application is not facility applicant. Complete address only if all GEAPS correspondence should go to this address other than facility address.

Name _____ Title _____

GEAPS Member? Yes No Member Number _____ Chapter _____

Address _____ Phone _____

City _____ State/Prov _____ Fax _____

Zip/PC _____ Country _____ e-mail _____

I, the undersigned, do hereby submit this application for participation by the applicant's facility in the 2012 Safety Award Program. Enclosed is my participation fee, based on \$75 for GEAPS members and \$110 for non-members [U.S. funds only]. I understand and agree that to receive an award, the applicant's facility must complete the 2012 calendar year without a work-related lost-time injury or illness.

NOTE: To verify lost-time accident records, applicants must send GEAPS a copy of their completed 2012 OSHA 300A form, along with the total number of personnel-hours worked at the facility during the 2012 calendar year. For facilities outside the U.S., a signed letter on company letterhead stating that there were no lost-time injuries or illnesses and reporting the total personnel-hours worked will be accepted.

Applicant Signature: _____ Date: _____

Enrollment Options

Check one and enclose appropriate fee.

Option 1 - \$75

Facility being entered has a current GEAPS member. If GEAPS member is not shown above, applicant must identify member.

Option 2 - \$340

Facility being entered does not have a current GEAPS member and applicant would like to apply for individual membership (\$265) to receive Safety Awards' member rate. Both membership and Safety Award applications are enclosed.

Option 3 - \$110

Facility being entered does not have a current GEAPS member.

Go Green

Choose this option to receive only a Safety Awards certificate, not the full plaque.

Payment (check and complete one): Check(enclosed) for \$ _____ . Charge (complete info on next line).

Account No. Circle one: Am Ex/Master/Visa _____ Exp. date _____ Print Cardholder's name _____ Signature _____

Applications (including participation fee) must be sent by Dec. 31, 2011 to: GEAPS Safety Award Program, 4248 Park Glen Rd, Minneapolis MN 55416.

(Charge applications may be faxed to (00-1) 952-929-1318.)

Applications are also available online at www.geaps.com.

For GEAPS use only: Date Paid _____ Check Number _____ OSHA 300A Received _____ Hours _____