



Empire State Safety Association (ESSA)

Membership Invoice

Individual, Municipality or Company Name: _____
Address: _____
Contact Person/Primary Member Name: _____
Contact Person/Primary Member Email: _____
Contact Person/Primary Member Phone: _____

This ESSA membership includes multiple employees within the member organization. Please list below additional employees to be added to the email list to receive ESSA information, safety briefs and newsletters.

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____

DUES

The membership dues cover the period of January 1 to December 31.

FEIN 84-2725496 W-9 available upon request.

Select ONE

MUNICIPAL MEMBERSHIP (per municipality)	\$60.00	
NON-MUNICIPAL MEMBER (per company)	\$120.00	

Kindly attach check payable to “ESSA”
return with this form in an envelope addressed as below to:

Melissa Turner, ESSA Treasurer
c/o Oswego County Human Resources Department
46 East Bridge Street
Oswego, NY 13126

Questions: empirestatesafetytreasurer@gmail.com