



Empire State Safety Association (ESSA)

2026 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, 2026 to December 31, 2026.
FEIN 84-2725496 W-9 available upon request.

Annual Dues:

- ☐ \$60 Municipality (per municipality)
- ☐ \$120 Non-Municipal (per company)

☒ **Online:** Complete the form and pay by credit card at:

 www.empirestatesafety.com

☒ **By Mail:** Send a check payable to “ESSA” along with the completed form via USPS to:

Melissa Turner, ESSA Treasurer

Oswego County Human Resources Department
46 East Bridge Street, Oswego, NY 13126

Questions, please email melissa.turner@oswegocountyny.gov