

Schools: Membership Application



School District Name _____

School Name _____

Participation Date Start Date ____ / ____ / ____

Renewal Date (if applicable) ____ / ____ / ____

Address _____

City _____ State _____ Zip code _____

Contact Phone Number _____ - _____ - _____

Administrative Contact

Name _____

Title _____

Address _____

City _____ State _____ Zip code _____

Telephone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

E-Mail Address _____

Contractual Contact

Name _____

Title _____

Address _____

City _____ State _____ Zip code _____

Telephone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

E-Mail Address _____



Schools: Membership Application (continued)



Billing Contact

Name _____

Title _____

Address _____

City _____ State _____ Zip code _____

Telephone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

E-Mail Address _____

School District Approval

Name _____

Title _____

Address _____

City _____ State _____ Zip code _____

Telephone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

E-Mail Address _____

PLEASE RETURN YOUR PARTICIPATION AGREEMENT TO CONSOLIDATED SAFETY SERVICES.

ATTENTION: PTSP Administrator
CONSOLIDATED SAFETY SERVICES, INC.
10301 Democracy Lane, Suite 300
Fairfax, Virginia 22030-2545

