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Quad State Instructors, Inc.

### MEMBERSHIP APPLICATION

(Please type or print)

Name:

Title:

Company:

Address:

Cell Phone:

E-mail:

\_\_\_\_\_\_\_% of time spent on Safety / Loss Control activities

Mailing address and phone number *(if different than above*):

 P.O Box Street

 City State Zip

 Phone

SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Current Quad State member)

***$100.00 APPLICATION FEE****. Check or money order made payable to* ***Quad State Instructors*** *should be mailed with this completed form to:*

## **Quad State Instructors, Inc.**

## **C/O Carla Hofmaster**

**Corn Belt Power Cooperative**

**Box 508**

**Humboldt, IA, 50548**

For use by Treasurer

Membership Application Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_