

CSG 2024 MEMBERSHIP INVOICE



MEMBER INFORMATION

MEMBER NAME: _____

EMPLOYER: _____

PHONE: (_____) _____ - _____

EMAIL: _____

(PLEASE PRINT CLEARLY)

I understand that my membership and participation in CSG events is incumbent upon paying my dues.

(SIGNATURE)

(DATE)

PAYMENT INFORMATION (dues cover Jan. 1 – Dec. 31, 2024) Please check one:

Membership fee: \$75

Membership fee with pre – paid lunches: \$275

Retired: Membership Fee Waived

TOTAL PAYMENT \$ _____ CASH ___ Check ___ Credit ___ (check one)

COMPANY NAME: _____
(if applicable)

** Card Type: _____
(Note: Accepted cards only include MasterCard, Visa and American Express)

**CARD #: _____ - _____ - _____

** EXPIRATION DATE: _____ / _____
(MONTH) (YEAR)

CARD HOLDER PHONE: (_____) _____ - _____

CARD HOLDER NAME: _____

CARD HOLDER SIGNATURE: _____

*If desired for security reasons this information may be phoned in. Please fill out the rest of the form and leave these items blank. The cardholder will be contacted for payment over the phone.

Please bring your payment to the next meeting or mail to:
Construction Safety Group of Kansas City
720 Oak Street, Kansas City, MO 64106