



PO Box 2252, La Crosse, Wisconsin 54602-2252

MEMBERSHIP APPLICATION
Membership is January thru December

TODAY'S DATE _____

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____ SIC CODE _____ WEBSITE _____

ARE YOU A: Renewing Member _____ or New Member _____

The Council's Constitution and By-laws state that each member company is entitled to one vote at the business meeting. The representative holding voting privileges is designated by the member company on this membership form. Please list the individual who will: vote, receive announcements, speak for your organization and attend the council meetings.

NAME _____ TITLE _____ EMAIL _____

TOTAL MEMBERSHIP DUES INCLUDE TWO COMPONENTS:

1. ANNUAL MEMBER FEE – Based on number of employees. List average monthly employment here: _____
2. ADDITIONAL MEAL TICKETS – List number of additional meal tickets needed (per meeting) here: _____

*Your Annual Member Fee includes one meal ticket per meeting. If you will have more than one company representative attending meetings, select the appropriate number of additional meal tickets per meeting and add to Annual Member Fee. *Please remit Member Dues by March 31st each year. Please call Brittney Cornillaud with questions about dues calculations (608) 791-3613*

Refer to the chart below to determine your total Membership Dues for the Calendar Year.

Number of Employees	Annual Member Fee	PLUS	Additional Meal Tickets per Meeting	Meal Ticket Expense for Year (11 meetings)
1-10	\$121		1	\$111
11-25	\$131		2	\$222
26-50	\$146		3	\$333
51-100	\$161		4	\$444
101-200	\$181		5	\$555
201-300	\$201		6	\$666
301-500	\$226			
501-1000	\$266			
1001-2000	\$316			
2001+	\$376			

If you have selected more than one meal ticket per meeting, please list the additional company representatives that should receive meeting reminders. Only list one additional name for each additional meal ticket you have purchased for the year. If you only purchased one meal ticket, we will send meeting announcements and correspondence to your primary contact person listed above.

1. _____ email _____ 3. _____ email _____

2. _____ email _____ 4. _____ email _____

**Please send a check for your total membership dues
to the following address by March 31st.**

**La Crosse Area Occupational Safety and Health Council (LAOSHC)
PO Box 2252
La Crosse, WI 54602-2252**