



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.*

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	\$108		1	\$98
11-25	\$118		2	\$196
26-50	\$133		3	\$294
51-100	\$148		4	\$392
101-200	\$168		5	\$490
201-300	\$188		6	\$588
301-500	\$213			
501-1000	\$253			
1001-2000	\$303			
2001+	\$363			

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 \_\_\_\_\_
2. \_\_\_\_\_ email \_\_\_\_\_
3. \_\_\_\_\_ email \_\_\_\_\_
4. \_\_\_\_\_ email \_\_\_\_\_

**Please send a check for your total membership dues (including meals) to the following address.**

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