



Organizational Affiliation Application Form

(Not Intended For Individual Union Locals)

WisCOSH, Inc.
c/o Allen R. Schultz
S30W29455 Williams Way
Waukesha, WI 53188
(414) 933-2338
<http://www.wiscosh.org>
members@wiscosh.org

WisCOSH welcomes organizations whose missions and practices support WisCOSH's Mission to improve workplace safety and health conditions for **all of Wisconsin's workers**. WisCOSH aims to empower people to join together to create an interest in safety and health in the workplace and improve the quality of life for all of Wisconsin's workers regardless of age, ethnicity, disabilities, sexual orientation, status of citizenship, economic status or previous incarceration by providing the environment and resources to allow concerned individuals to use their skills and knowledge for the direct benefit of all workers. No one deserves to be injured, made ill or die trying to earn money to buy food, clothing, shelter or life's other necessities!

Organization Name: _____

Name of Contact Person: _____ Position with Organization : _____

Organization's Address: _____

Mailing Address: (if different from above) _____

City: _____ State : _____ Zip Code : _____

Phone Number: _____ This is a cell phone number

Phone Number: _____ This is a cell phone number (*alternate contact*)

Fax Number: _____ E-Mail: _____

My organization is unionized. Union name and Local _____

Please tell us a little about your organization. _____

Level of affiliation* :

<input type="checkbox"/> Affiliation \$100.00/year	
<input type="checkbox"/> Supporter \$250.00/year	includes ¼ page ad space in Resource Directory and 1 dinner at choice of Workers' Memorial Day or Annual Membership Meeting & Dinner
<input type="checkbox"/> Sustaining \$500.00/year	includes ½ page ad space in Resource Directory and 2 dinners at choice of Workers' Memorial Day and/or Annual Membership Meeting & Dinner
<input type="checkbox"/> Activist \$1000.00/year	includes full page ad space in Resource Directory and 1 table of 5 at Worker's Memorial Day

* All affiliation levels include newsletter(s) and yearly Resource Directory(s).
Affiliates may run for and be elected to office but have no voting privileges.

I would like to be added to the WisCOSH Blog Update List. [E-mails will be sent only when there is an update to WisCOSH's Blog [<http://www.wiscosh.info>]. WisCOSH's E-mail database is not sold, rented nor given to any other organizations or businesses.]

I would be interested in volunteering for WisCOSH activities and special events. Please call me.

Signature: _____ Date: _____

Please return completed form, along with payment, to: WisCOSH, S30W29455 Williams Way, Waukesha, WI 53188