



# Union Membership Application/Renewal Form

WisCOSH, Inc.  
1535 W. Mitchell St.  
Milwaukee WI 532204  
(414) 933-2338  
1-888-947-2674  
<http://www.wiscosh.org>  
[exec\\_dir@wiscosh.org](mailto:exec_dir@wiscosh.org)

**Annual Dues for Union Locals :** *(Dues are calculated on an annual basis from time of payment)*

\_\_\_\_\_ Number of Members in Union Local  
x \$0.25 (25¢ per member)  
\$\_\_\_\_\_ Total Dues [Minimum \$75 (up to 300 members) – Maximum \$650 (2,601+ members)]

|                     |                               |                      |
|---------------------|-------------------------------|----------------------|
| <b>Date :</b> _____ | <b>Total Enclosed :</b> _____ | <b>Check #</b> _____ |
|---------------------|-------------------------------|----------------------|

Union : \_\_\_\_\_ Local \_\_\_\_\_

Representing : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Website Address : <http://www.>\_\_\_\_\_

Name of Contact Person : \_\_\_\_\_

Title : \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (cell/other) \_\_\_\_\_

Fax : \_\_\_\_\_ E-Mail : \_\_\_\_\_

## **Safety & Health Representatives or Other Contact Person(s)**

| Name  | E-Mail | Phone     |
|-------|--------|-----------|
| _____ | _____  | ( ) _____ |
| _____ | _____  | ( ) _____ |
| _____ | _____  | ( ) _____ |
| _____ | _____  | ( ) _____ |
| _____ | _____  | ( ) _____ |

(If Union Representative's mail should be sent to address other than above or if additional contacts please include on a separate sheet)

Return to : WisCOSH, Inc.  
Attn : Membership  
1535 W. Mitchell St.  
Milwaukee, WI 53204