



# Union Membership Application/Renewal Form

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

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

Number Of Members In Union Local

\_\_\_\_\_ X \$0.25

(25¢ per member)

\$ \_\_\_\_\_

Minimum \$75 (up to 300) - maximum \$650 (2600 or more)

<b>Date :</b> _____	<b>Total Enclosed: \$</b> _____	<b>Check #:</b> _____
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Union: \_\_\_\_\_ Local: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Web site address : <http://www.> \_\_\_\_\_

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

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

Phone (work) ( ) Phone (cell) ( )

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

( )

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(If Representative's mail should be sent other than to the address above or if there are additional contact people, please include on a separate sheet).

Return to: **WisCOSH**  
c/o Allen R. Schultz  
S30W29455 Williams Way  
Waukesha, WI 53188