



PO Box 2252, La Crosse, Wisconsin 54602-2252

MEMBERSHIP APPLICATION

(Membership is January through December)

Company Name: _____ SIC Code _____
 Company Address: _____
 Phone: _____ 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 MEMEBRSHIP DUES INCLUDE TWO COMPONENTS

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

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 the Annual Member Fee.

Please remit Member Dues by April 30th. Call Katie McCabe with dues questions 608.392.2580 or email mccabe.kathryn@mayo.edu.

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

Number of Employees	Annual Member Fee		Additional Meal Tickets per Meeting	Additional Meal Tickets for 2023 (10 meetings @\$15/meal)
1-25	\$125		1	\$150
26-50	\$145		2	\$300
51-100	\$165		3	\$450
101-200	\$185		4	\$600
201-500	\$225		5	\$750
501-1000	\$275		6	\$900
1001-2000	\$325		7	\$1050
2001+	\$375		8	\$1200

Annual Fee: _____
 + Extra Meals: _____

Total: _____

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

1. _____ Email _____
2. _____ Email _____
3. _____ Email _____
4. _____ Email _____
5. _____ Email _____
6. _____ Email _____

Please send a check for your total membership dues to the following address by April 30th.

La Crosse Area Occupational Safety and Health Council (LAOSHC)
 P.O. Box 2252 La Crosse, WI 54602-2252