



PO Box 2252, La Crosse, Wisconsin 54602-2252

## MEMBERSHIP APPLICATION

(Memberships are from 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 company employee count) - 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 30<sup>th</sup>. Call Katie McCabe with dues questions 608.392.2580 or email [mccabe.kathryn@mayo.edu](mailto:mccabe.kathryn@mayo.edu).

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

| Number of Employees | Annual Member Fee |
|---------------------|-------------------|
| 0-25                | \$125             |
| 26-50               | \$145             |
| 51-100              | \$165             |
| 101-200             | \$185             |
| 201-500             | \$225             |
| 501-1000            | \$275             |
| 1001-2000           | \$325             |
| 2001+               | \$375             |

| Additional Meal Tickets Per Meeting | Additional Meal Tickets For 2026 (10 Meetings @ \$15/Meal) |
|-------------------------------------|--|
| 1                                   | \$150  |
| 2                                   | \$300  |
| 3                                   | \$450  |
| 4                                   | \$600  |
| 5                                   | \$750  |
| 6                                   | \$900  |
| 7                                   | \$1050   |
| 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 30<sup>th</sup>.**

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