



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 MEMBERSHIP 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 30th. Call Katie McCabe with dues questions 608.392.2580 or email 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 30th.

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