



2020 Organizational Associates



Organization Name _____ (please print)

Organizational Address _____

Organizational Telephone # _____

City _____ State _____ Zip _____

Organizational Fax # _____

email _____

Person to Contact if Necessary to Reach Organization by Telephone or by Email:

Name _____

Phone #'s

(cell) _____ Reached Between Hours of: _____

(work) _____ Reached Between Hours of: _____

(home) _____ Reached Between Hours of: _____

Annual Dues Fee

Organizational Associates Membership..... \$125

Gold Organizational Associates Membership..... \$500

Enclosed is my membership dues in the amount of : \$ _____

Make check payable to: WNYCOSH and return to 2495 Main Street, Suite 438 Buffalo, NY 14214
or pay online at wnycosh.org/membership