



2020 Union Local Membership



Union Name/Local No. _____ (please print)

If you have a union office, please list address:

Address _____

Union Telephone # _____

City _____

State _____

Zip _____

Union Fax # _____

email _____

Dues Structure

Union Locals

0-500 members	\$150.00
501 - 1,000 members	\$200.00
1,000 - 1,500 members	\$300.00

Make check payable to: WNYCOSH and return to 2495 Main Street, Suite 438 Buffalo, NY 14214

or pay online at wnycosh.org/membership

PLEASE FILL OUT ALL OF THE ADDITIONAL INFORMATION BELOW:

President of Local Union _____

Address _____ email: _____

Number of Members Represented in Local: _____

Employer Name & Address _____

Nature of Employer's Business _____

Names, telephone numbers, and emails of people in the following positions:

Safety & Health Rep. _____ Phone # _____ email _____

Workers' Comp Rep. _____ Phone # _____ email _____

Legislative Com. Rep. _____ Phone # _____ email _____

As a WNYCOSH member, your local has the right to appoint delegates to represent your union membership at all WNYCOSH meetings and functions. Delegates shall also have the right to vote, hold office and participate in all WNYCOSH activities

The number of voting delegates from your union local is based on the number of members in your local. Every union local shall be entitled to one voting delegate, regardless of size. Thereafter, locals are entitled to one voting delegate for every 250 members up to a maximum of 10 delegates.

(IMPORTANT – PLEASE LIST DELEGATES ON BACKSIDE OF FORM)

The following people have been designated as WNYCOSH delegates to represent our local at WNYCOSH meetings and functions. At least two "active" delegates (if possible) should be listed who will have time to attend WNYCOSH meetings and assist with functions. List below their names, addresses, telephone numbers, and email addresses (work telephone number or email, should only be listed if contact can be made at work). ***We anticipate that this year "rank and file" mobilization in defense of safety and health will be critical.***

ACTIVE DELEGATES

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Cell # _____	Cell # _____
Union Position _____	Union Position _____
email _____	email _____

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Cell # _____	Cell # _____
Union Position _____	Union Position _____
email _____	email _____

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Cell # _____	Cell # _____
Union Position _____	Union Position _____
email _____	email _____

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Cell # _____	Cell # _____
Union Position _____	Union Position _____
email _____	email _____

Name _____	Name _____
Home Address _____	Home Address _____
_____	_____
Cell # _____	Cell # _____
Union Position _____	Union Position _____
email _____	email _____