



2020 Individual Membership



Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone(s): Cell _____ Work _____ Home _____

Places of Employment _____

Occupation _____ Professional Development _____

Union Affiliation(s) ((if any) _____

Would you be interested in any of the following?

Teaching/Training – What topic(s) _____

Canvassing/Outreach

Research on: Safety Issues Health Issues Legal Issues

Clerical/Office work (phone banking, printing, mailings, etc.)

- Committees:
- Worker Center
 - Legal Committee
 - Fundraising Committee
 - Temp. Work Committee

Do you have any experience in writing grants or funding applications? _____

Annual Dues Fee

- Student..... \$10.00
- Worker Center Member..... \$10.00
- Individual Member..... \$40.00
- Contributing Member..... \$100.00
- Sustaining Member..... \$200.00

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