

Philadelphia Area Project on Occupational Safety and Health



Membership and Donation Form

Name: _____

Union or Organization: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Annual Membership Dues Structure

Individual

Injured or Retired	\$10.
Regular	\$30.
Associate	\$50.
Gold	\$100.

Sponsoring Unions/Organizations

Less than 100 members	\$100.
More than 750 Members	\$700.
Between 100 and 750 members, multiply by \$.90 a member	

Enclosed Check:

Individual Dues: _____ **Union/Organization Dues:** _____

Donation: _____

Philaposh is a non-profit 501© 3 organization. All donations are tax-deductible.

Please return this completed form with your check to:

PHILAPOSH, 3001 Walnut Street, 5th Floor, Philadelphia, PA 19104