



# APPLICATION FOR MEMBERSHIP (2026)

Please write or type information, print/scan application and send to WCI by mail:  
2 Town Square Blvd Ste 370, Asheville, NC 28803 or email: info@wciinc.org

*Please complete this application with as much detail as possible, as this data is used to maintain and service your membership. An authorized company representative must sign the completed application. If you have questions, please call us at 800.621.2685.*

*\*\* The information you share is for communication purposes only between WCI, Inc. and the member company and will never be sold or shared. If you do not wish to receive periodic communications via these means, please mark the appropriate box \*\**

**ORGANIZATION NAME:** \_\_\_\_\_

Description of your product(s) and/or service(s): \_\_\_\_\_

Type of Industry:  Manufacturing  Construction  Health Care  Hospitality  Retail  Service  Other

Mailing Address: \_\_\_\_\_ STE/BLDG #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_ STE/BLDG #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_ County: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Current total number of full time employees: \_\_\_\_\_ at how many sites under membership:

Labor Posters (one set per paid site). Does your company also require:  Spanish  Government Contractor

*(Please list any additional sites below. For more than two, contact WCI. If none, proceed to page 2)*

Second Site Address: \_\_\_\_\_ STE/BLDG #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (+4): \_\_\_\_\_ County: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

2nd Site Main Contact: Sal: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Third Site Address: \_\_\_\_\_ STE/BLDG #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (+4): \_\_\_\_\_ County: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

3rd Site Main Contact: Sal: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

# EMPLOYEE INFORMATION

The information below is used only by WCI to maintain and service your membership with WCI and will never be sold or shared with anyone.

## SENIOR SITE OFFICIAL (ie, CEO, President, Executive Director, General Manager, Plant Manager, etc)

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## ADDITIONAL TOP SITE OFFICIAL

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## TOP HUMAN RESOURCE PROFESSIONAL

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Are you currently certified:  PHR  SPHR  SHRM-CP  SHRM-SCP  Not certified, but interested

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## ADDITIONAL HUMAN RESOURCE PROFESSIONAL

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Are you currently certified:  PHR  SPHR  SHRM-CP  SHRM-SCP  Not certified, but interested

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## ENVIRONMENTAL HEALTH AND SAFETY CONTACT

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## QUALITY CONTACT

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## ADDITIONAL CONTACT WE SHOULD KNOW ABOUT

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

## ADDITIONAL CONTACT WE SHOULD KNOW ABOUT

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Is it OK to (check all that apply):  email  send eBrief (bi-weekly electronic communication)  **DO NOT EMAIL**

**MEMBERSHIP PACKAGE FEE CALCULATOR:** *If you have less than 60 employees, the minimum rate applies; enter 60 in field for “number of full-time employees” in the calculator below. If you have more than 380 employees, the maximum rate applies; enter 380 in the calculator.*

Membership charges consist of the following three (3) components.

A. Total number of full-time equivalent (FTE) \_\_\_\_\_ x \$16.50 = \$0.00

B. Number of sites covered by membership: \_\_\_\_\_ x \$100.00 = \$0.00  
*(minimum \$100, maximum \$500)*

C. Total number of full-time employees: \_\_\_\_\_ 0 x \$1.05 = \$0.00  
*(voluntary contribution toward advocacy on behalf of NC employers, maximum \$399)*

**RESET CALCULATOR**

Total amount owed = **\$0.00**

## BILLING INFORMATION (Person who should receive invoices)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**METHOD OF PAYMENT:**  Check Enclosed  Charge my dues to:

Type of card:  Visa  MasterCard  American Express  Discover

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

**OFFICIAL SIGNATURE:** \_\_\_\_\_

Print Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT**

**SUBMIT BY EMAIL**