



APPLICATION FOR MEMBERSHIP (2025)

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 55 employees, the minimum rate applies; enter 55 in field for “number of full-time employees” in the calculator below. If you have more than 55 employees, the maximum rate applies; enter 400 in the calculator.

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

A. Total number of full-time employee _____ x \$15.70 = _____

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

C. Total number of full-time employees: _____ x \$1.05 = _____
(voluntary contribution toward advocacy on behalf of NC employers, maximum \$420)

Total amount owed = _____

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: _____