



Workplace Health Without Borders-US

Dedicated to ensuring healthy working conditions for workers everywhere

WHWB-US Branch Membership Form

Please save this form to your computer, then fill out the form using any word processor and then change the name to *YourName.doc*. Save a completed copy for your records and email a copy of the completed form to WHWB-US at: membership@whwb-us.org.

Workplace Health Without Borders-US is an independent 501(c)(3) non-profit organization aligned with the objective of promoting worker health and the health of worker's families and communities around the world. If you are interested in helping WHWB-US further our work, please fill out and submit this form to be added to our email distribution list. We will share your email address with WHWB, an organization in which we share a common vision, for distribution purposes unless you indicate otherwise.

<input type="checkbox"/>	I would like to be added to the email distribution list of WHWB-US.
<input type="checkbox"/>	I would not like to be added to the email distribution list of WHWB.

First name:	<input type="text"/>	Last name:	<input type="text"/>
Job title /affiliation:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Mobile:	<input type="text"/>	Zip Code:	<input type="text"/>
Office :	<input type="text"/>	E-mail :	<input type="text"/>

I wish to support WHWB-US by volunteering for:

<input type="checkbox"/> Website (ideas for design or content)	<input type="checkbox"/> Membership Drive
<input type="checkbox"/> Projects	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Fundraising	<input type="text"/>

Specific occupational health interests or areas of expertise including languages :

I would like to be a contributing member of WHWB-US. (Note: Dues are not required to be on the mailing list but are needed to sustain WHWB-US. Full Member, \$40; student member, \$10)



I am an Alumn of the following Universities: _____

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