



## Organization and Business Support Form

We are a broad-based coalition of organizations and individuals who have come together to support middle class families and oppose anti-worker policies such as so-called “Right to Work” and attacks on Prevailing Wage, that would reduce wages and benefits for our families.\*

Name of group or business \_\_\_\_\_

Name of person signing (please print) \_\_\_\_\_

Title of person signing \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Please check this box if the authorizing signer can also be listed as an individual member, along with his/her official organizational title (e.g., John Doe, Executive Director of XYZ Group.)

**Please tell us who will be your organization’s designated contact:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address : \_\_\_\_\_

### About Your Organization

\_\_\_\_\_  
If an organization, how many members do you have?

\_\_\_\_\_  
If a business, how many employees do you have?

Website Address: \_\_\_\_\_

Facebook Page: \_\_\_\_\_ Twitter Handle: \_\_\_\_\_

**Please fill out and email this form to [info@protectmofamilies.com](mailto:info@protectmofamilies.com)  
For more information visit [www.protectmofamilies.com](http://www.protectmofamilies.com)**

**\*About Joining Protect MO Families:** Signing the organization member form confirms that you can be listed publicly as a supporter. Lists of our supporters may be used in our print materials, on our website and in advertising or mail. We will not sell or share your contact information with others.