



The Employers' Association

## Membership Registration

1787 Indian Wood Circle • Suite A • Maumee, OH 43537  
419.893.3000 • 800.882.7042 • Fax 419.893.3001

### **Company Data**

Organization Name \_\_\_\_\_ BWC Policy # \_\_\_\_\_  
Street Address \_\_\_\_\_ NAICS \_\_\_\_\_  
Mail Address \_\_\_\_\_ # Employees \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ County \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail\* \_\_\_\_\_  
Web Site Address \_\_\_\_\_  
Principle Business Activity...What does your company produce or sell? \_\_\_\_\_

### **Type of Company**

- ☐ For Profit  
☐ Not-for-Profit  
☐ Government Entity

Are any of your employees represented by a union? Yes \_\_\_\_\_ No \_\_\_\_\_

Unions \_\_\_\_\_ Person responsible for labor relations \_\_\_\_\_

Who is your health insurance broker? \_\_\_\_\_

Are you fully insured or self-insured? \_\_\_\_\_

***Please send a copy of each union contract for our files.***

How did you learn about The EA? \_\_\_\_\_

Primary reason for joining The EA \_\_\_\_\_

### **Contact Information**

To whom should we send our:

Survey Reports \_\_\_\_\_ E-Mail\* \_\_\_\_\_

Bulletin (Newsletter) \_\_\_\_\_ E-Mail\* \_\_\_\_\_

### **Names and Title of Officials and Staff**

HR (Primary Contact) \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

CEO/President \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Seminar Learning \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

**Annual Membership Fee:** \_\_\_\_\_

Membership is based on total number of employees (full-time equivalency). See previous page for schedule of annual membership fees.

***Membership may only be cancelled by written notice to or by action of The Employers' Association Board of Directors.***

**Enclosed is our check for membership to The Employers' Association. We agree to the Association's policy of confidentiality.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please charge to Credit Card:

CC# \_\_\_\_\_

☐ Master Card ☐ Visa ☐ Discover ☐ American Express Exp.Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

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