



Membership Registration
5800 Monroe St., Bldg. F, Sylvania, OH 43560
Phone: 419-885-8505 Fax: 419-885-8554
www.employersassociation.com

Company Data

Organization Name _____ BWC Policy # _____
Street Address _____ SIC _____
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 _____

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

How did you learn about The EA? _____

Primary reason for joining The EA _____

Personnel Information

To whom should we send our:

Survey Reports _____ E-Mail* _____
Bulletin (Newsletter) & Seminar Mailing _____ E-Mail* _____
Additional Training Seminar Information by E-Mail _____

**You will receive information through E-mail unless you specify a different media. If you do not wish to receive E-mail, please initial. _____*

Names and titles of officials and staff:

HR (Primary Contact) _____	Title _____	E-Mail _____
CEO/President _____	Title _____	E-Mail _____
Safety/Security _____	Title _____	E-Mail _____
Information Services _____	Title _____	E-Mail _____
Training _____	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: Master Card Visa _____ Exp.Date _____
 Discover American Express 3-Digit Security Code _____