

**THE EMPLOYERS' COUNCIL
APPLICATION FOR MEMBERSHIP**

Date: _____

Company Name: _____

Contact Name: _____ Title: _____

Address: _____
Street Suite No.

_____ City State Zip

Phone: _____ Fax: _____

Email: _____ Website: _____

Year Established: _____ No. of Employees: _____

Industry (sic code): _____ No. of Locations: _____
Please list any additional locations below.

How were you introduced to The Employers' Council?

- Business Association Mailing Client
 Website Seminar Other _____

Select Level of Membership:

- Associate Membership (\$800.00) Regular Membership (\$1,250.00)

An additional \$100.00 start up fee shall be charged to new members.

Any additional services you may be interested in: _____

Additional Location Addresses: _____

