



# Cascade Employers Association

## Application for Membership

Name of Organization \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Primary Fax \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_

### Individual to receive Association billings:

Name	Title

Telephone	Fax	E-Mail

### Individuals authorized to access Association services and receive communications (please attach additional names, including area of responsibility):

Name	Title

Telephone	Fax	E-Mail

Area(s) of Responsibility:  Human Resources  Compensation/Benefits  
 Safety  AAP/EEO Compliance  Training/Employee Development  
 Other area: \_\_\_\_\_

Name	Title

Telephone	Fax	E-Mail

Area(s) of Responsibility:  Human Resources  Compensation/Benefits  
 Safety  AAP/EEO Compliance  Training/Employee Development  
 Other area: \_\_\_\_\_

How did you learn about Cascade? \_\_\_\_\_

Average number of employees over the past year \_\_\_\_\_. (Please include full-time equivalent (FTE) for all part-time and temporary employees within the region.)

Fiscal Year Begins \_\_\_\_\_

SIC Code \_\_\_\_\_

Union Status:  Non-Union  Union

Briefly describe the nature of your business: \_\_\_\_\_

Insurance Renewal Dates: Workers' Compensation \_\_\_\_\_  
 Employee Medical \_\_\_\_\_

### Membership Agreement

- We hereby make application to become a member of Cascade Employers Association.
- Our payment of the annual membership fee is enclosed with this application. We understand that membership begins on the first day of the month in which our application for membership is accepted.
- We understand that the Association does not engage in the practice of law. Membership in the Association and access to consulting services does not create an attorney-client relationship between us and the Association or any of its employees.
- We agree to pay charges for services rendered at the rates set by the Association's Board of Directors. We understand that failure to make timely payment may result in application of late payment charges and/or suspension of further membership privileges until payment is made.
- We understand that eligibility to apply, to participate in, and, if accepted, continued participation in the Association-sponsored Pacific Northwest Employers Life, Health Insurance Trust, Pacific Northwest Employers Pension Trust, and/or Group Workers' Compensation Plan is conditioned upon our remaining a member in good standing of this Association.
- We accept that we will receive publications and information about Association services electronically as well as by mail.

Employer's Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

#### FOR ASSOCIATION USE

Application Accepted:

Representative \_\_\_\_\_ Date \_\_\_\_\_

### Annual Fee Table

Employment – FTEs	Annual Fee
1 to 7	\$450
8 to 15	\$670
16 to 30	\$860
31 to 50	\$1050
51 to 100	\$1240
101 to 150	\$1470
151 to 250	\$1610
251+	\$1735