



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: _____

Individuals authorized to access Association services and receive communications

Primary Contact Name _____ Title _____

Telephone _____ Fax _____ E-Mail _____

Second Contact Name _____ Title _____

Telephone _____ Fax _____ E-Mail _____

Third Contact Name _____ Title _____

Telephone _____ Fax _____ E-Mail _____

Additional Package Options

To add one of the following package options to your regular membership, please check a box (contact Cascade for package pricing):

- AnswerSource Plus Small Business HR Solutions
 Unlimited Helpline

How did you learn about Cascade? _____

Average number of employees over the past year _____

Fiscal Year Begins _____ SIC Code (if known) _____

Union Status: Non-Union Union

Briefly describe the nature of your business: _____

Insurance Renewal Dates: Employee Medical Plan _____

Workers' Compensation _____

Membership Agreement

- We hereby make application to become a member of Cascade Employers Association.
- Our payment of the annual membership fee, and any additional package option selected herein, is enclosed with this application.
- 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, 401(k) Savings Plan, and/or Group Workers' Compensation Plan is conditioned upon our remaining a member in good standing of this Association.
- We understand that a copy of the Association's By-Laws are available to us upon request.
- 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 Membership Fee Table

Employees	Annual Fee
1 to 7	\$590
8 to 15	\$915
16 to 30	\$1185
31 to 50	\$1440
51 to 100	\$1695
101 to 150	\$2010
151 to 250	\$2205
251+	\$2365