



Cascade Employers Association

Application for Membership

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

Individuals authorized to access Association services and receive communications
 (use back of form to add additional contacts)

Primary Contact Name _____ Title _____

Telephone _____ E-Mail _____

Second Contact Name _____ Title _____

Telephone _____ E-Mail _____

Owner/CEO Name if Different From Above _____ Title _____

Telephone _____ E-Mail _____

- List as a contact Do not list as a contact

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 Unlimited Helpline Small Business HR Solutions

How did you learn about Cascade? _____

Employees (Full Time Equivalent) _____

Total Employee Count (if different) _____

Fiscal Year Begins _____ SIC Code (if known) _____

Union Status: Non-Union Union

Briefly describe the nature of your business: _____

Employee Health Insurance Renewal Date: _____

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 and 401(k) Savings 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 |