



# 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     | \$620      |
| 8 to 15    | \$960      |
| 16 to 30   | \$1240     |
| 31 to 50   | \$1510     |
| 51 to 100  | \$1780     |
| 101 to 150 | \$2110     |
| 151 to 250 | \$2320     |
| 251+       | \$2480     |