



5570 Executive Parkway, SE ✧ Grand Rapids, MI 49512
 www.teagr.org ✧ 616.698.1167 ✧ fx. 616.698.6624

Membership Application

The undersigned seeks to join with other forward looking West Michigan employers in The Employers' Association's cooperative efforts to upgrade the knowledge and skill of their staff in managing human resources. Toward this end, we apply for membership in The Employers' Association with the understanding that:

- 1) Acceptance of this membership application is subject to approval of the Association's Board of Directors;
- 2) The undersigned will pay member dues and maintain membership for at least one full year. (New member dues will be invoiced upon receipt of application.)

After one year, membership may be terminated at any time by either party by providing written notification in letter form. Termination will be effective at the end of the quarter in which the notice of termination is received.

Company Name																										
Mailing Address																										
City, State, Zip																										
Street Address																										
Phone	Fax																									
Web site	Total Employees																									
Primary Services/Products																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Industry: (Check one)</td> <td><input type="checkbox"/> Food Processor</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Real Estate</td> <td><input type="checkbox"/> Staffing</td> </tr> <tr> <td><input type="checkbox"/> Architect</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Non-Profit</td> <td><input type="checkbox"/> Recreation</td> <td><input type="checkbox"/> Warehouse</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Healthcare</td> <td><input type="checkbox"/> Packaging</td> <td><input type="checkbox"/> Restaurant</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Consultant</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Printing</td> <td><input type="checkbox"/> Retail Sales</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Financial</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> Publishing</td> <td><input type="checkbox"/> Sales/Service</td> <td><input type="checkbox"/> _____</td> </tr> </table>		Industry: (Check one)	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Staffing	<input type="checkbox"/> Architect	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Recreation	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Construction	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Packaging	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other	<input type="checkbox"/> Consultant	<input type="checkbox"/> Insurance	<input type="checkbox"/> Printing	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> _____	<input type="checkbox"/> Financial	<input type="checkbox"/> Legal	<input type="checkbox"/> Publishing	<input type="checkbox"/> Sales/Service	<input type="checkbox"/> _____
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Payroll Information – Payroll data is the basis for calculating Association member dues. (See “How To Calculate Your Dues” sheet for explanation of calculation.) Data will be requested one time per year and will determine dues for the following 12 months. Please refer to your payroll administrator for the following:

Total annual social security wages (FICA taxable) from your previous year W-3 Tax Form	\$
Total annual gross payroll from your previous year W-3 Tax Form	\$

Primary Contact to TEA	Title
Email	Phone
	Fax

How did you hear about TEA?

To ensure that Association mailing lists, survey questionnaires and reports, special reports, general mailings, and emails are directed to the appropriate manager, please complete the following information.

	Name	Title	Phone	Email address
Chief Executive - CEO/President				
Human Resource Executive				
Receives survey questionnaires				
Receives survey results				
Training Administrator				
Receives training confirmations				
Provides payroll data				
Receives dues/invoices				
Receives Executive Update (newsletter)				
Receives notices of:				
Human Resource Group (HRG) meetings (SHRM Chapter)*				
Safety Round Table meetings				
Human Resources Round Table meetings				

* Membership in The Employers' Association entitles your Human Resources Manager/Administrator the opportunity to belong to the Human Resources Group (HRG), a local chapter of SHRM. Contact our office for more information about HRG.

Confidentiality Agreement

The Employers' Association provides member organizations with information and publications that are confidential and to be used only as internal information. As a member, you agree to hold such information in the strictest confidence and not disclose this information to any third party person, firm or corporation, either orally or in writing, or to use such information for personal gain or recognition through advisory or consulting activities.

You are permitted to provide TEA information and data to third parties you may hire for services relating to the operation of your business. You must notify TEA of such a relationship prior to your furnishing the information to a non-employee. You must notify the third party that TEA confidential information shall be used only for services provided by the third party to you, and the third party shall not disclose such information to any other person, business, or corporation.

As a member, you and your organization agree to refrain from copying or transmitting this information in any way.

Violations of this agreement may result in the revocation of membership privileges and legal action.

As a representative authorized to act on behalf of my organization, I hereby certify that I have read this agreement and will comply with the non-disclosure requirements as stated above. I also certify that I will keep all information under the appropriate security safeguards within my organization to prevent any unauthorized disclosure to others.

Print Name	Title
Authorized Signature	
Company Name	Date

Human resource manuals, employee handbooks, union contracts, job descriptions, employee benefit booklets, summary plan descriptions, etc., are maintained in our library for the membership. Your cooperation in sending current copies of these or other related materials is appreciated.

Please fax completed application to (616) 698-6624.