

Membership Registration

Company Data

Organization Name _____ BWC Policy # _____

Street Address _____ NAICS _____

Mail Address _____ # Employees _____

City, State, Zip _____ County _____

Telephone _____

Fax _____

E-Mail* _____

Web Site Address _____

Principle Business Activity...What does your company produce or sell?

Type of Company

- For Profit
- Not-for-Profit
- Government Entity
- Broker
- Wellness - Level Rewards
- Wellness - Reducing Deductible

Are any of your employees represented by a union? Yes _____ No _____

Unions _____ Person responsible for labor relations _____

Who is your health insurance broker? _____

Are you fully insured or self-insured? _____

Please send a copy of each union contract for our files.

How did you learn about WorkSpring? _____

Primary reason for joining WorkSpring _____

Contact Information

To whom should we send our:

Survey Reports _____ E-Mail* _____

Training Information _____ E-Mail* _____

Names and Title of Officials and Staff

HR (Primary Contact) _____ Title _____ E-Mail _____

CEO/President _____ Title _____ E-Mail _____

_____ Title _____ E-mail _____

_____ Title _____ E-mail _____

_____ Title _____ E-mail _____

Annual Membership Fee: _____

Membership is based on total number of employees (full-time equivalency).

Membership may only be cancelled by written notice to or by action of WorkSpring Board of Directors.

Enclosed is our check for membership to WorkSpring. We agree to WorkSpring's policy of confidentiality.

Signature Title Date

Please charge to Credit Card: _____ CC# _____

Master Card Visa Discover American Express Exp.Date _____ 3-Digit Security Code _____

Please email your completed membership form to: Russ Wozniak (russ.wozniak@workspring.org)

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