

This is an Adobe Acrobat fillable pdf form. You may type the information on the form or print it and write in the information. When you have completed the form, please sign and return it to Vigilant, 6825 SW Sandburg St., Tigard, OR 97223. Note: In pdf, blue form fields are visible but will not print. Only the typed information will appear.

We hereby apply for membership in Vigilant, effective on the first day of _____, 20_____.

Applicant's signature: _____ Print name: _____

Title: _____

_____ Date

Please type or print information.

Company name: _____ Federal Tax ID: _____

Company website: _____

Type of business: _____

Mailing address: _____ Telephone: _____

Street or P.O. Box

Fax: _____

City, State, Zip Code

Number of employees: _____

Billing address: _____

If different from mailing address Street or P.O. Box

_____ City, State, Zip Code

Estimated Membership fee: 25 employees or less - \$1,000/year

Location address: _____

If different from mailing address Street or P.O. Box

26-99 employees - \$2,000/year

_____ City, State, Zip Code

100 employees or more - \$3,000/year

Unionized? Yes No
Union name _____ Local number _____ Date contract expires _____

List any other operations to include under this membership:

Operation: _____ Contact: _____

Street or P.O. Box

Address: _____ Telephone: _____

City, State, Zip Code

E-mail: _____

Operation: _____ Contact: _____

Street or P.O. Box

Address: _____ Telephone: _____

City, State, Zip Code

E-mail: _____

Operation: _____ Contact: _____

Street or P.O. Box

Address: _____ Telephone: _____

City, State, Zip Code

E-mail: _____

In the section below, provide the requested information for people in your company who will serve as Vigilant contacts. Include any other individuals whom you wish to receive Vigilant newsletters, updates, legal guides and other association publications. Newsletters and alerts are sent by e-mail.

Should this person receive Vigilant's email newsletters, alerts, other publications and announcements?

Please type or print information.

SELECT ONE

yes no

Billing contact _____

Title* _____

E-mail address _____

Operation location _____

Employee benefits contact _____

Title* _____

E-mail address _____

Operation location _____

Human resources contact _____

Title* _____

E-mail address _____

Operation location _____

Workers' compensation contact _____

Title* _____

E-mail address _____

Operation location _____

Safety contact _____

Title* _____

E-mail address _____

Operation location _____

Wage survey contact _____

Title* _____

E-mail address _____

Operation location _____

Additional company contact _____

Title* _____

E-mail address _____

Operation location _____

*Title, if applicable

How did you learn about Vigilant? Please choose all that apply.

- Vigilant member referral—if so, who? _____
- Vigilant representative—if so, who? _____
- Vigilant website? _____
- Other—please explain: _____