



Please submit Membership Application to: membership@ehci.org

EMPLOYER MEMBERSHIP APPLICATION

Company Name: _____

Company Address: _____

Company Website Address: _____

Total Employees: _____ States Operating In (please include count per): _____

Reason for joining: _____

Main Contact:

NAME: (First) _____ (Last) _____

TITLE: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

2nd Contact:

NAME: (First) _____ (Last) _____

TITLE: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

3rd Contact:

NAME: (First) _____ (Last) _____

TITLE: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

Membership Dues:

\$175 Annually (Cost is per EMPLOYER up to THREE (3) PEOPLE/CONTACTS)

Authorized Signature _____ Date _____

Please be aware of the following things when signing this application:

- It does NOT automatically make you member. All member decisions are reviewed and voted on by the EHCI Board.
• Also, EHCI does NOT allow soliciting of its members.
• You may be asked additional questions regarding membership