



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: \_\_\_\_\_

#### 2<sup>nd</sup> Contact:

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#### 3<sup>rd</sup> Contact:

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#### Membership Dues:

\$250 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