



# CALIFORNIA EMPLOYERS ASSOCIATION

## ASSOCIATE MEMBERSHIP CONTRACT

Please submit contract for membership to the California Employers Association  
1451 River Park Dr, #116, Sacramento, CA 95815, Phone: 800-399-5331 Fax: 916 921-6010

Please type or print clearly and complete the entire form.

### MEMBERSHIP CLASSIFICATION OPTIONS

Account # \_\_\_\_\_ Start Date: \_\_\_\_\_ (Office Use Only)

### COMPANY INFORMATION

Company Name \_\_\_\_\_

Owner/CEO \_\_\_\_\_ Type of Industry (Acctg, Dental, Retail, Medical, etc.) \_\_\_\_\_

Contact Person (if other than Owner/CEO) \_\_\_\_\_ Title \_\_\_\_\_

#### Physical Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

#### Mailing Address (if different from Physical Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Number of Employees \* \_\_\_\_\_ (\*This number should include all employees at California locations only.)

Under Union Contract? \_\_\_\_\_ Union Contract Expiration Date \_\_\_\_\_

If "Yes," Name of the Union \_\_\_\_\_ Local Number \_\_\_\_\_

Has the company been a party to administrative or judicial proceedings regarding employment, wage/hour or labor issues within the past 12 months? \_\_\_\_\_ If "Yes," please explain \_\_\_\_\_

Does your business have all required licenses? \_\_\_\_\_

Would you like to be contacted by our:

Health Insurance partner? \_\_\_\_\_ If yes, # of covered lives \_\_\_\_\_

Workers' Compensation Insurance partner? \_\_\_\_\_ Payroll Partner? \_\_\_\_\_ 401(k) Partner? \_\_\_\_\_

Referred by: \_\_\_\_\_ Company \_\_\_\_\_

Reason for joining CEA \_\_\_\_\_

Your Web Address: \_\_\_\_\_

### BRANCH INFORMATION (A branch is a separate business location, subsidiary, division, or branch which the company owns or operates within California. Please attach extra sheets if there is more than one branch.)

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

**"The California Employer's Report"** (Please indicate the manner in which you would like to receive CEA's monthly newsletter)

I'd rather receive the newsletter by: Email or Mail (circle one)

Name \_\_\_\_\_ Address/Email: \_\_\_\_\_

Please send additional newsletters:

Name \_\_\_\_\_ Address/Email: \_\_\_\_\_

Please send additional newsletters:

Name \_\_\_\_\_ Address/Email: \_\_\_\_\_

**Sample Employee Handbook**

Please indicate the preferred format for the sample employee handbook: Email \_\_ or CD \_\_ (check one)

Annual/Quarterly Dues (see rates on the right)	\$ _____	<b>Annual</b>	<b>or</b>	<b>Quarterly</b>
<b>One Time</b> Administrative Fee	+ <u>\$150.00</u>	<b>0 - 19 employees</b>	\$795	\$198.75
<b>Total amount due at signing</b>	\$ _____	<b>20 - 49 employees</b>	\$895	\$223.75
		<b>50 - 120 employees</b>	\$995	\$248.75
		<b>121 - 500 employees</b>	\$1095	\$273.75
		<b>500+ employees</b>	\$1195	\$298.75

Your CEA membership is an **on-going membership** which renews automatically each year.

Membership with CEA, and the dues payable herewith, shall be effective immediately, subject however, to the approval of the California Employers Association Board of Directors or Executive Committee. It is agreed that this contract may be rejected by refund of all monies rendered herewith.

**It is understood and agreed that the company's, or its successor's, term of membership shall be one year (12 months) from the month of membership acceptance and shall be continuous until canceled in writing.** However, if CEA assisted in the negotiations of a collective bargaining agreement, the company's, or its successor's, membership term shall be the entire duration of the said collective bargaining agreement. It is also understood and agreed that membership may be terminated by the company, or its successor, in writing 30 days in advance or by the CEA Board of Directors or CEA Executive Committee upon notice as provided in the bylaws in effect. If the company's membership terminates prior to the end of the twelve (12) month term, the company, or its successor, agrees to pay all outstanding invoices for that term and any costs or fees incurred by or payable to CEA for services rendered to the company or its successor immediately upon cancellation.

Associate members may contract for project/consultation work at the prevailing hourly rate in effect, currently \$190/hr.

In accordance with Article IV, Section 7, of the CEA bylaws, the information provided in this membership contract is complete and accurate to the best of the company's knowledge. Furthermore, the company, or its successor, understands and agrees to the terms of membership contained in this contract.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CEA Staff Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved CEA Corporate Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 Membership Type:  Associate Join Date: \_\_\_\_\_ IWC Order # \_\_\_\_\_ Amount paid at signing \$ \_\_\_\_\_  
 Route To:  Commence  Bookkeeping  CEA Regional Director  File S/B: \_\_\_\_\_ Date Entered: \_\_\_\_\_

**PAYMENT METHOD**

Enclosed Check# \_\_\_\_\_

Credit Type: \_\_\_\_\_ (Visa, MasterCard & American Express only)

Card Number: (include spaces) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_ (found on signature panel of Visa & MC only)

Cardholder's Name: \_\_\_\_\_ (as it appears on the card)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By my signature above, I authorize, on behalf of the company, to have the credit card type and number indicated above to be charged.**

**Once the payment has been made, this page will be destroyed.**