

Please sign, scan and email to DiMartino Associates. To: Jonathan Gatherers at jonathan@dimarinc.com; or Paul DiMartino at paul@dimarinc.com; or fax to 206.682.8027

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

We agree to be bound by the Vigilant Membership Agreement on the reverse side of this application.

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

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

Fax: \_\_\_\_\_

Billing address: \_\_\_\_\_ Total number of employees on payroll: \_\_\_\_\_

*If different from mailing address*

Street or P.O. Box

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

Membership fee: \$ \_\_\_\_\_  
*Monthly - Please do not include payment with this application*

\*Location(s) address:

*If different from mailing address*

Street

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

\*Additional Locations? Please submit these on a separate sheet of paper.

Unionized?  Yes  No

Union name \_\_\_\_\_

Local number \_\_\_\_\_

Date contract expires \_\_\_\_\_

Please 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 access to Vigilant's Member Website. Newsletters and alerts are sent by e-mail.

Please type or print information and attach additional contacts if needed.

Should this person receive Vigilant's email newsletters, alerts & announcements?

Should this person receive access to Vigilant's Member Website?

SELECT ONE: yes no

SELECT ONE: yes no

Voting executive (person representing the company to vote on assoc. issues) \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_ Operation location \_\_\_\_\_

Contact:  Billing (required) \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_ Operation location \_\_\_\_\_

Contact:  Employee Benefits  HR  Workers' Comp  Safety  Wage Survey \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_ Operation location \_\_\_\_\_

Contact:  Employee Benefits  HR  Workers' Comp  Safety  Wage Survey \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_ Operation location \_\_\_\_\_

Indicate the primary reason you have elected to join Vigilant:  Vigilant services  Employee benefits  Workers' comp plan

How did you learn about Vigilant? Please choose all that apply:  Vigilant website?  Vigilant member referral? \_\_\_\_\_

Name

Company

Referral—if so, who? \_\_\_\_\_  Other—please explain: \_\_\_\_\_

Name

Company

*For Vigilant use only.*

Referred by \_\_\_\_\_ Account Executive \_\_\_\_\_

Eligible?  yes  no WWC  6717 Rev. 7/9/2012

By my signature below, I hereby accept the terms of this Vigilant Membership Agreement on behalf of the company named on the Vigilant Membership Application. The terms are:

- 1. Scope of services:** Vigilant's mission is to serve employers with timely and practical counsel on employment issues. Vigilant employs attorneys, labor relations/HR professionals, and safety professionals to provide this advice and assistance. Additional services are explained on Vigilant's website ([vigilant.org](http://vigilant.org)).
- 2. Scope of Vigilant attorney services:** Vigilant attorneys provide legal advice and opinions, but cannot guarantee an outcome in a particular situation. They may assist member companies in government agency investigations, but do not handle litigation. Vigilant provides services in California, Idaho, Montana, Oregon, and Washington. Each Vigilant attorney is licensed in California, Idaho, Oregon, or Washington. If an attorney is asked to assist a member in a state in which Vigilant provides services but the attorney is not licensed, they will use their best efforts to assist to the extent they are qualified to practice law under multijurisdictional practice of law rules. Whether this can be done in a particular state or a particular matter will be determined on a case-by-case basis.
- 3. Relationship with Vigilant attorneys:** The Company, not any individual, is the Vigilant attorney's client. The attorney, not Vigilant, provides legal advice. Vigilant attorneys make their own judgments about the legal advice they provide, which is not subject to interference from nonattorneys. If the Company seeks legal advice from a Vigilant attorney, Vigilant intends that all conversations, correspondence, analysis, etc. between the attorney and the Company in the course of providing this advice are confidential and protected from disclosure under the attorney-client privilege. In order for the Company to preserve that privilege, it is important for the Company to keep this information confidential and not disclose it to third parties.
- 4. Bylaws:** While a member of Vigilant, the Company agrees to the provisions of Vigilant's Bylaws, as amended, a copy of which is available at any time upon request.
- 5. Membership dues:** In order for the Company to become or remain a member of Vigilant in good standing, the timely payment of membership dues is required. The rates and methods of calculation are communicated in advance to the Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

**ADDITIONAL LOCATIONS**

Location address: \_\_\_\_\_  
*If different from mailing address* Street or P.O. Box City, State, Zip Code County

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**ADDITIONAL CONTACTS**

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Please type or print information.		Should this person receive Vigilant's email newsletters, alerts & announcements?	Should this person receive access to Vigilant's Member Website?
		SELECT ONE: yes no	SELECT ONE: yes no
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Contact: <input type="checkbox"/> Billing <input type="checkbox"/> Employee Benefits <input type="checkbox"/> HR <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Safety <input type="checkbox"/> Wage Survey	Title		
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E-mail address	Operation location		
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