

## COMPANY INFORMATION

<b>Company name:</b>			Federal Tax ID:
<b>Company website:</b>			Type of business:
<b>Mailing address:</b>			Phone:
City:	State:	Zip code:	County:
<b>Billing address:</b>			
City:	State:	Zip code:	County:
<b>Location(s) address:</b> If different from mailing address			
City:	State:	Zip code:	County:
<b>Number of employees:</b>		Annual Membership Fee: \$500	

## CONTACT INFORMATION

Please provide the requested information for people in your company who will serve as Vigilant contacts. These individuals will receive Vigilant emails and have access to the member website.

**Vigilant emails**  
 - Newsletter  
 - Alerts  
 - Other

**Website access**  
 - Legal guides  
 - Model policies  
 - Model forms

<b>Billing:</b>	<b>Title:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Email:</b>	<b>Phone:</b>		
<b>Contact:</b> <input type="checkbox"/> HR <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
<b>Name:</b>	<b>Title:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Email:</b>	<b>Phone:</b>		
<b>Contact:</b> <input type="checkbox"/> HR <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
<b>Name:</b>	<b>Title:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Email:</b>	<b>Phone:</b>		
<b>Contact:</b> <input type="checkbox"/> HR <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
<b>Name:</b>	<b>Title:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Email:</b>	<b>Phone:</b>		

## ASSOCIATE MEMBERSHIP AGREEMENT PAGE 2

- 1. Scope of services:** Vigilant’s mission is to serve employers with timely and practical information and counsel on employment issues. Associate members have access to documents and resources through Vigilant’s website (vigilant.org), as well as our semi-monthly email newsletter for employers. Vigilant’s publications present general information in nontechnical language; the information is not legal advice. Before applying any information provided by Vigilant to a specific management decision, it’s advisable to consult legal counsel. Vigilant employs “professional staff” (attorneys, labor relations/HR professionals, and safety professionals) to provide advice and assistance to select members. Associate members do not have access to Vigilant’s professional staff as part of their associate membership. In particular, associate members do not have a relationship with Vigilant’s attorneys and are not protected by the attorney-client privilege in any communications with Vigilant. Associate membership also creates member eligibility for participation in certain Vigilant sponsored health benefit trusts listed in section 4 below, subject to specific trust eligibility.
- 2. Bylaws:** While an associate 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.
- 3. Length of membership and dues:** In order for the Company to become or remain an associate member of Vigilant in good standing, the timely payment of membership dues is required. The rates and method of calculation for membership dues are communicated to the Company in advance. In general, associate membership dues will be calculated and invoiced on an annual basis, except for the initial term of membership which may be prorated if needed. All invoices are immediately due upon receipt. Vigilant will not provide a refund if a Company terminates membership after initiating or renewing their annual membership.

#### 4. Vigilant Health Trust Participation:

The company seeks participation in the following Vigilant Health Trust:

- Vigilant Manufacturers Trust of Arizona
- \_\_\_\_\_

By my signature, I hereby accept the terms of this Vigilant Associate Membership Agreement on behalf of \_\_\_\_\_ (“the Company”). Effective on the first day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

### ADMINISTRATIVE

Please leave this area blank

#### For Vigilant use only

Referred by:

Account Executive:

Eligible: Y N