

COMPANY INFORMATION

Company name:			Federal Tax ID:
Company website:			Type of business:
Mailing address:			Phone:
City:	State:	Zip code:	County:
Billing address:			
City:	State:	Zip code:	County:
*Location(s) address: If different from mailing address			<input type="checkbox"/> *Are there additional locations where service is needed?
City:	State:	Zip code:	County:
Number of employees:		Monthly Membership Fee: \$	
Unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Union name:	Local number:
Do you, your suppliers, or your customers do business with the federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Why you have elected to join Vigilant: <input type="checkbox"/> Vigilant services <input type="checkbox"/> Employee benefits <input type="checkbox"/> Workers' comp plan			

Please do not include payment with this agreement

CONTACT INFORMATION

Please provide the requested information for people in your company who will serve as Vigilant contacts. Include any individuals whom you wish to receive Vigilant email and access to the member website.

Vigilant emails **Website access**
- Newsletter - Legal guides
- Alerts - Model policies
- Other - Model forms

Voting Executive: (person to vote on assoc. issues)	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email address:	Phone:		
HR:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Billing:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> Safety <input type="checkbox"/> Workers' comp <input type="checkbox"/> Wage survey <input type="checkbox"/> Other			
Name:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		

MEMBERSHIP AGREEMENT PAGE 2

- 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).
- 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. Length of membership:** Beginning on the effective date below, the Company agrees to remain a member of Vigilant and to pay applicable membership dues for at least 12 months. After that time, membership is on a month-to-month basis. If the Company elects to terminate membership before paying 12 months of dues, the unpaid balance will be immediately due and payable.
- 6. 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.

By my signature, I hereby accept the terms of this Vigilant Membership Agreement on behalf of _____ ("the Company").

Effective on the first day of _____, 20_____.

Signature:	Date:
Printed name:	Title:

ADMINISTRATIVE

Please leave this area blank

For Vigilant use only

Referred by:

Account Executive:

Eligible: Y N WWC: Y N

ADDITIONAL LOCATIONS

Location address:			
City:	State:	Zip code:	County:
Location address:			
City:	State:	Zip code:	County:
Location address:			
City:	State:	Zip code:	County:
Location address:			
City:	State:	Zip code:	County:
Location address:			
City:	State:	Zip code:	County:

ADDITIONAL CONTACTS

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- | | |
|------------------------|-----------------------|
| Vigilant emails | Website access |
| - Newsletter | - Legal guides |
| - Alerts | - Model policies |
| - Other | - Model forms |

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