



Employers' Advocacy Council, an initiative of Canadian Manufacturers & Exporters

New Member Application

** Mandatory fields are marked with an asterisk*

Organization Info:

*Organization Name: _____
 *Address: _____
 *City: _____ *Postal Code: _____
 *No. of Employees: _____ *WSIB Rate Group Number (s): _____
 Year Founded: _____ Head Office: (if different location) _____
 Subsidiary of: (if applicable) _____

Contact Info:

*Primary Contact: _____
 *Telephone: _____ *Fax: _____
 *Title: _____ *Email: _____
 *Secondary Contact: _____
 Telephone: _____ Fax: _____
 Title: _____ *Email: _____
 *Additional Contact: _____
 Telephone: _____ Fax: _____
 Title: _____ *Email: _____

*Your Organization's Primary Industry: (Please select one)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Forestry | <input type="checkbox"/> Mining | <input type="checkbox"/> Service Industry |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Government | <input type="checkbox"/> Plumbing & Heating | <input type="checkbox"/> Software Development |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Care | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Transportation & Storage |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Recycling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail & Wholesale | (please specify) |

Provide Information to help us serve you better:

(This will assist in the development of educational programs and information relevant to your needs)

How did you hear about us? (Please select one)

- | | | | |
|---|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> EAC Staff | <input type="checkbox"/> Workshop | <input type="checkbox"/> Email |
| <input type="checkbox"/> Internet | <input type="checkbox"/> CME Staff | <input type="checkbox"/> Networking Event | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> Referral by: _____ | | <input type="checkbox"/> Other _____ | |
- (Whom may we thank for the referral)



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Advocacy:

EAC has a strong and influential voice that helps shape the direction of government legislation, policies and guidelines in relationship to the Workplace Safety & Insurance Board (WSIB) and the Ministry of Labour (MOL).

Our **Policy and Legislative Committee** meets **four times a year** and represents the members of EAC. Written submissions and recommendations to the issues discussed are prepared and submitted to the appropriate government agencies. Great **opportunities for networking and information exchange** between members bringing issues and experiences to the table to share with each other.

Yes, please contact me to participate in this committee _____

No, please do not contact me at this time _____

Safety Groups:

Is your organization currently enrolled in a Safety Group Program: Yes No

If yes, what program year are you currently enrolled in? 1 2 3 4 5 5+

If no, have you ever participated in a Safety Group? Yes No

If yes, date of last participation year _____

If no, would you like more information on how to receive **additional** WSIB rebates? Yes No

Training* / Best Practices / Networking:

Please select all areas of interest that you would like to receive more information on:

- Full Day Work Reintegration and Claims Cost Management Workshop
- Full Day Workplace Safety Insurance Symposium

***Professional Development Points Available:**

Attendance at our seminars potentially qualifies for continuing education, professional development and recertification points. Please check with your Representative Professional Association.



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Annual Membership Dues: *Application to be processed upon full payment*

| No. of Employees | 1 to 20 | 21 to 50 | 51 to 250 | 251 to 500 | 501 to 1000 | 1001 + |
|------------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| Fee | \$225.00 | \$350.00 | \$475.00 | \$600.00 | \$900.00 | \$1200.00 |
| HST | \$29.25 | \$45.50 | \$61.75 | \$78.00 | \$117.00 | \$156.00 |
| Total | \$254.25 | \$395.50 | \$536.75 | \$678.00 | \$1017.00 | \$1356.00 |

Tell us why you are joining EAC so we can serve you better (*check all that apply*)

- Networking
- Career/Professional Development
- Workshop
- Advocacy
- Discounts on Educational Workshops
- Networking Event
- Other
- Keep up with industry developments
- All of the above

Payment by: VISA / Mastercard / AMEX / Cheque

Card #: _____
Expiry Date: _____

Cardholders Name: _____
Signature: _____

This form is your invoice and HST record. HST# 108075482.

Please forward this application and payment to:

Employers' Advocacy Council
625 Wabanaki Drive, Unit 2
Kitchener, Ontario N2C 2G3

OR

Payment may be made directly **ONLINE via **CREDIT CARD** at:**
<https://eac.cmemec.ca/mpower/event/loadevent.action?e=120>

Telephone: 519.748.5771 **Fax:** 905.672.1764
Web: www.EACforEmployers.org