

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			
City:	State:	Zip code:	County:
Number of employees:		Annual Membership Fee: \$500	

Note: 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. 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

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
Billing:	Title:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Phone:		
Contact: <input type="checkbox"/> HR <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"/> HR <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"/> HR <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:		

ASSOCIATE MEMBERSHIP AGREEMENT PAGE 2

- 1. Membership Benefits:** Vigilant’s mission is to help manufacturing employers promote safe, fulfilling, legally compliant and productive work environments. Associate membership benefits include access to documents and resources through Vigilant’s website (www.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 attorneys at the Vigilant Law Group and are not protected by the attorney-client privilege in any communication with Vigilant or Vigilant Law Group. 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
 - Vigilant Construction 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:	Date:
Printed name:	Title:

ADMINISTRATIVE

Please leave this area blank

For Vigilant use only

Referred by:

Account Executive:

Eligible: Y N