

Membership Application

COMPANY INFORMATION

Name of Business _____		Date Founded _____		
DBA (if applicable) _____		Federal ID Number _____		
Nature of business _____		Standard Industrial Code _____		
Telephone () _____		If your company is non-profit, please check here <input type="checkbox"/>		
Fax Number () _____		End of fiscal year _____ (month)		
Company e-mail _____				
Mailing Address _____	City _____	State _____	County _____	Zip _____
Physical Location _____	City _____	State _____	County _____	Zip _____

CONTACT INFORMATION

President/CEO/Owner _____	Title _____
Membership Billing Contact _____	Title _____
Insurance Contact _____	Title _____
Training Contact _____	Title _____
HR Contact _____	Title _____

Number of employees _____ *(Include all employees. Do not include independent contractors or subcontractors.)*

DUES INFORMATION

REPORTING AND BILLING

Payment of first year's dues is required with your application. Also required is a copy of your company's most recent Pennsylvania Unemployment Compensation (UC-2) Form or Schedule C, E or Form 1065. Please purge all salary information. Prior to the anniversary date of your membership, which is the date of application approval, the company will be billed for dues for the ensuing year.



1 – 15 employees: \$224
 16 – 30 employees: \$270
 31 – 50 employees: \$329.50
 51 – 100 employees: \$482.50
 101 – 200 employees: \$629.50
 More than 200 employees: \$3.14 per employee (capped at \$889 total)

PLEASE NOTE: Membership dues are considered to be annual fees and are not refunded during the course of the year.

Signature of Applicant: _____ Referred by: _____
 Title: _____ Date: _____

PLEASE CHECK BOXES BEFORE MAILING APPLICATION

- I have enclosed a copy of my company's UC-2 Form or Schedule C, E or Form 1065 and purged all salary information.
- I have enclosed a check for the first year's dues. Please make check payable to the Manufacturer & Business Association and mail to: 2171 West 38th Street, Erie, Pa. 16508. Visa and MasterCard also accepted.
- If paying by credit card, please check box, and fill out information below.

		<i>(circle one)</i>
Cardholder Name _____	Zip Code _____	
Card Number _____	Expiration Date _____	
- I have made a copy of this application for my files.