



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"/> Automotive   | <input type="checkbox"/> Agriculture  | <input type="checkbox"/> Chemical/Plastics, Process | <input type="checkbox"/> Electrical Utilities            |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Forestry     | <input type="checkbox"/> Mining and Aggregates      | <input type="checkbox"/> Education                       |
| <input type="checkbox"/> Food         | <input type="checkbox"/> Health Care  | <input type="checkbox"/> Manufacturing              | <input type="checkbox"/> Municipal                       |
| <input type="checkbox"/> Steel        | <input type="checkbox"/> Pulp & Paper | <input type="checkbox"/> Transportation Service     | <input type="checkbox"/> Other _____<br>(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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## New Member Application - Page 2 of 3

### 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**

*Our full day seminars have been approved for Certified Maintenance Points (CMPs) by the Board of Certified Registered Safety Professionals.*

*\* Earn BCRSP Points on all full day seminars: 0.5*



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# New Member Application - Page 3 of 3

**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
<b>Total</b>	<b>\$254.25</b>	<b>\$395.50</b>	<b>\$536.75</b>	<b>\$678.00</b>	<b>\$1017.00</b>	<b>\$1356.00</b>

**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 4  
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>

**Toll free: 1.888.663.4929 Telephone: 519.748.5771 Fax: 519.748.1827**  
**Web: [www.EACforEmployers.org](http://www.EACforEmployers.org)**