

ASSOCIATION CLIENT INFORMATION SHEET

Client Company Legal Name:

DBA:

Website:

Mailing Address of Office:

City:

State:

Zip Code:

Physical Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Association:

Representative:

Name & Title of Authorized Contacts	Email Address	Phone

Please indicate below by name and email address who you would like to receive our HR, Safety, and DOT newsletter?

Describe Type of Business:

Number of Employees:

Does your company offer Health Insurance?

Yes

No

Does your company have Federal Contracts?

Yes

No

if yes what is the dollar value? \$

Union?

Yes

No

Are you a Workers' Compensation subscriber?

Yes

No

States of operation? *(please list below)*