



**EMPLOYERS' ADVOCACY COUNCIL**

**New Member Application - Page 1 of 3**

*\* 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: \_\_\_\_\_

**\*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"/> Email     | <input type="checkbox"/> Workshop         | <input type="checkbox"/> Radio           |
| <input type="checkbox"/> Internet           | <input type="checkbox"/> EAC Staff | <input type="checkbox"/> Networking Event | <input type="checkbox"/> Business Summit |
| <input type="checkbox"/> Referral by: _____ |                                    | <input type="checkbox"/> Other _____      |  |
- (Whom may we thank for the referral)



## EMPLOYERS' ADVOCACY COUNCIL

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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 400 plus 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

### Education / Training:

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

#### Insurance:

- Experience Rating (NEER)
- Workwell Audit
- Workplace Safety & Insurance Appeals
- CAD-7 Construction
- Tool Box for Return to Work and Case Management
- Workplace Safety & Insurance Act (WSIA 101): What you must know

#### Health & Safety:

- How to Manage a Ministry of Labour Visit
- Workplace Electrical Safety
- Ergonomic Risk Management
- Other \_\_\_\_\_



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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 up
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**

**Employers' Advocacy Council, a division of Canadian Manufacturers & Exporters**