



Membership Application

We hereby apply for membership in The Employers Council. We understand that upon acceptance by the Board of Directors, our initial membership dues will be based on total number of employees as submitted with this application. We will agree to observe a policy of confidentiality whereby information and services provided through membership are not to be used commercially or for any other purpose than that directed by the individual member company. Membership is not to be a vehicle to promote business and The Employers Council materials are not to be shared with non-members. Any information gathered by The Employers Council on an industry or specific company will be held in strict confidentiality.

Company Name _____

DBA (if applicable) _____

Principal Business Activity _____

Mailing Address _____

Telephone () _____ Fax () _____ Web Site _____

Chief Executive Officer _____ E-mail address _____

Direct line or extension _____

Chief Financial Officer _____ E-mail address _____

Direct line or extension _____

Human Resources Officer _____ E-mail address _____

Direct line or extension _____

Number of Employees _____

The Employers Council Dues will be \$ _____ per quarter

(See Membership Dues Chart)

Signature _____ Date _____

Print Name _____

**718 N. Marine Corps Drive, Suite 201
Upper Tumon, Guam 96913
Phone (671) 649-6616; Fax (671) 649-3030
www.guamemployers.org tecinc@teleguam.net**