Date Received by TempNet_____

TEMPNET
The International Network
Of Independent Staffing Services

Membership Application – Staffing Member

Company Trade Name _____ Telephone_____

Headquarters' Mailing Address_____ City_____ State___ ZIP_____

e-mail_____Web Site_____

Number of offices: _____ In primary city_____ In other market areas_____

Doing business in these counties:_____

Owner's Name and Title 1 _____

2 _____

Key Staff Name's and Titles 1 _____

2 _____

3 _____

Total Number of Staff Full Time _____ Part Time _____

Years in Business Under this Name _____Under Another Name _____ That Name _____

In what year was the staffing service organized? _____

If you are currently at least 51% women or minority owned, check here: ❑

D&B No. _____ OR Bank Reference _____

Is staffing service owned in whole or in part by another company? ❑ Yes ❑ No

If yes, give details _____

_____

Parent Company's Name _____Telephone _____

Headquarters' address _____City _____State___ Zip_____

Owner's Name and Title _____

Your website _____

Do you own (in full or in part) or operate any organization other than the one described on this application?

If yes: Name of organization _____ City _____ State_____

Do you have a family member who owns (in full or in part) or operates any organization other than the one described on this application?

If yes: Name of organization _____ City _____ State_____

Do you have plans to expand your market area or service mix in the next 5 years?

TYPE OF SERVICE RENDERED AND PERCENTAGE OF YOUR CURRENT BUSINESS

Office _____% Technical/Professional _____% Light Industrial _____% Hospitality_____%

Medical _____% Heavy Industry _____% Other _____% Payrolling _____%

Average hours billed weekly for last 12 months (must be verifiable at time of acceptance) Hours/Week _____

Gross Annual Revenue $_____

The approximate number of clients generating the weekly billing hours _____

The number of W-2.'s issued in the past year _____

Percent of time owner was active in the business in the past year _____%

How long has the owner been engaged in the staffing service industry _____ years

Have you ever been connected with a national staffing service firm? __ Yes __ No

If yes, give details _____

_____ Location _____

Highlight membership in civic, service and/or trade associations and positions, industry / community honors or awards received held:

_____

_____

_____

_____

_____

Please include your business resume if available.

References

List three (3) references of people in the staffing industry or business associates who can attest to your character and business ethics.

1 . Name _____ Telephone _____

Company _____ City/State _____

Email _____ Fax # _____

2. Name _____ Telephone _____

Company _____ City/State _____

Email _____ Fax # _____

3. Name _____ Telephone _____

Company _____ City/State _____

Email _____ Fax # _____

List all offices and complete the attached map(s) of the market served and indicate the geographic areas you will be serving (Attach extra page(s) if necessary.) Please map only those areas in which you currently do business.

"Classifications" are described as follows:

Primary Office - A member's headquarters office located in a major metropolitan or marketing area.

Branch Office - Any office located at a different address within a member's Primary or Additional Market area.

Address _____ City _____

State _____ Zip _____ Classification _____ Email _____

Manager's Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____ Classification _____ Email _____

Manager's Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____ Classification _____ Email _____

Manager's Name _____ Telephone _____

Describe your company's strengths in the staffing industry _____

_____

Why are you seeking membership in TempNet? _____

_____

_____

❑ **I agree that, as a member of TempNet, I will not join, participate in, or become affiliated with any other association or organization that is considered to be competitive with TempNet. TempNet is a non-competing association, membership may not be granted if a company's operations are determined to overlap competitively with those of an existing member.**

I understand that, through my TempNet membership, I may have access to trade secrets, proprietary data, and other confidential information belonging to independent and non-competing staffing firms. I agree to treat all such information as strictly confidential and not to disclose or use it, directly or indirectly, in any way that may be detrimental to another TempNet member or to the Association.

In recognition of the non-competitive nature of TempNet membership, I agree to provide written notices of my intent to expand into another market or to sell all or part of my business as provided by the Bylaws and internal rules and policies. Requests for market expansion into territories already represented by another TempNet member may be restricted or denied in accordance with TempNet's Bylaws and Board review procedures.

I confirm that all information provided in this application is true and accurate to the best of my knowledge. I agree to abide by the TempNet Bylaws, Code of Ethics, and Good Practices and any other policies and procedures. I acknowledge that violation may result in termination of TempNet membership without return of any fees and dues.

Owner's Signature _____Title _____ Date_____

***** TempNet has strict participation requirements - attendance once a year at either of 2 meetings and owner attendance at annual meeting once every other year is the minimum participation requirement.*****

I have read and understand the participation requirement. **Owner's Initials** _____

Contributions or gifts to TempNet are not deductible as charitable contributions for federal income tax purposes. However, a portion of dues payments may be deductible by members as an ordinary and necessary business expense. Please consult your tax advisor. The tax deductibility of dues paid to TempNet as an ordinary and necessary business expense is subject to restrictions imposed by the Omnibus Budget Reconciliation Act of 1993. TempNet estimates that the deductible portion of your dues is 100%.

Please return this completed form to Jessica Fink – jfink@tempnet.org.

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