



Date Received by TempNet _____

Associate Membership Application

Suppliers to the staffing industry who apply for and are approved by a majority of the Board of Directors are eligible for Associate Membership. Associate members cannot hold elective office and may be excluded from conference sessions where proprietary information is exchanged.

Company Name _____

Mailing Address _____

City: _____ State _____ Zip _____

Phone: _____ E-Mail: _____

Web site: _____

Name of Principal Contact _____

Type of Business (Describe your product/services):

- | | | |
|--------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Industry Directory | <input type="checkbox"/> Recruiting (job boards) |
| <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tax Incentives |
| <input type="checkbox"/> Collection Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Comprehensive Back Office Solutions | <input type="checkbox"/> Liability and Workers Comp Insurance broker | <input type="checkbox"/> Time and Attendance |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Marketing | <input type="checkbox"/> Trainers |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Payroll Systems | <input type="checkbox"/> Web Providers |
| <input type="checkbox"/> Funding | <input type="checkbox"/> Phone Service | |
| <input type="checkbox"/> Health Insurance Broker | <input type="checkbox"/> Promotional Items | |

Do you own, operate, manage, or have any financial interest in a temporary or personnel staffing service:

Yes No

If yes, please list name and location of firm:

Names, telephone numbers and emails of TempNet or other business references:

1. _____

2. _____

3. _____

I/My company was referred by: _____

Their business name/address is: _____

I hereby apply for Associate Membership in TempNet and agree to abide by the association's Code of Ethics and all rules and regulations governing Associate Members.

Signature _____

Return application to:

TempNet ● 6919 Vista Drive ● West Des Moines, IA 50266

Phone: 515-282-8192 ● Fax: 515-282-9117

Email: Molly Stormer - molly@tempnet.org ● <http://www.tempnetstaffingassociation.org>

Your annual membership investment will be invoiced upon membership acceptance. Payment will be expected within 7 days of notification in order for membership to be finalized.

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%.