

APPLICATION FOR MEMBERSHIP

Nevada Association of Employers A Not-for-Profit Corporation

Company Name:		
DBA (if applicable):		
Type of Business:		
	NAE Member	
Physical NV Address:		
City:	State:	Zip:
Billing Address (If different)	:	
City:	State:	Zip:
Main Phone:	Fax:	
Please list those individuals vorganization.	who are authorized to contact N	NAE on behalf of your
Main Contact:	Title:	
E-Mail Address:	Phone:	Ext
2 nd Contact Person:	Title:	
E-Mail Address:	Phone:	Ext
3 rd Contact Person:	Title:	
E-Mail Address:	Phone:	Ext.

Membership Dues:

		plus \$.70 per Nevada employee per month ny firm are \$195 for 200+ employees.
# of Nevada Employees Monthly Membership Dues: Total Monthly Dues:	x \$.70 each per month:	\$\$ \$\$
Monthly Dues x 12 months =	Total Annual Dues	\$
New members must initially choose one of the following ☐ Quarterly		ter the 1 st year of membership, you may ☐ Annually
- •	·	AE) Amount Enclosed: \$
referred to as the Associati immediately, subject howeve	on). This application and the r, to the approval of the Board	vada Association of Employers, Inc. (hereing dues payable herewith shall be effectived of Directors of the Association. It is agreed the monies tendered herewith.
in the by-laws, and membe Association upon notice as p agreement has been entered in	ership may be terminated at rovided in the by-laws; provid	nly after one year and upon notice as provided any time by the Board of Directors of the ed, further, that where a collective bargaining lf of me/us, membership shall continue and be reement.
	liability for all dues and reimb	for the debts of the Association, except that bursements for expenses and costs that my be
copy of the by-laws of the membership dues to NAE a required by PL103-66, a po	Association is available upon are deductible as business expertion of dues is not deductibefore, it is estimated that 2%	omply with the by-laws of the Association. (A request.) For federal income tax purposes, penses, not as charitable contributions. As le as a business expense to the extent NAE of your dues paid during NAE's fiscal year
I/WE AGREE TO PAY AL RECEIVING MEMBERSH		THE ASSOCIATION PRIOR TO
Company Representa	ntive NA	AE Representative
Date		te