

☐ Must have 70 or more employees

ENROLLMENT

ORGANIZATION INFORMATION						
Organization Name:						
Organization Address:						
City:		State:			Zip:	
Main Telephone Number:					Fax #:	
Organization Product(s) and/or Service(s):						
Annual Financial Volume (Please check one)		Organization Type		Number of Employees		
☐ Sales \$		☐ Publicly Held		☐ New England		
☐ Assets Under Management \$		☐ Privately Held		☐ Worldwide		
☐ Operating Budget \$		□ Not for Profit				
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PRIMARY CONTACT INFORMATION A primary contact is the individual that will receive all notices and survey questionnaires						
Mr./Ms. First Name:	Last Name	:			Job Title:	
Telephone: E-Mail:				Fax:		
ADDITIONAL ORGANIZATION CONTACTS Up to a maximum of 3 additional HR contacts that require access to TSG Services						
Mr./Ms. First Name:	Last Name:			Job Title:		
Telephone: E-Mail:				Fax:		
Mr./Ms. First Name:	Last Name:		Job Title:			
Telephone: E-Mail:				Fax:		
Mr./Ms. First Name:	Last Name:		Job Tit	Job Title:		
Telephone: E-Mail:				Fax:	Fax:	
MEMBERSHIP CATEGORY (Please choose one)						
<u>Full Member</u> Membership fee \$3,000 <u>Associate Member</u> Membership fee \$1,800						

Organizations with 70 to 100 employees may choose either Full Membership or Associate Membership based on their needs.

☐ Must have 100 or fewer employees

MEMBERSHIP TERMS

Membership terms are outlined below:

- Member privileges apply only to the division of the organization that pays for the membership.
- Up to four designated HR staff members who support that division/location may use the TSG Library and Member Service HR Hotline. Organizations that would like to enroll additional staff or locations should contact TSG to discuss special arrangements.
- TSG considers a staff member to be a regular employee of the member organization. If you are using a contract consultant and would like privileges extended to that person for a specific project, please contact TSG to discuss special arrangements.
- Because some requests go beyond the scope of the Hotline service, TSG also offers research services to members on a fee basis. If your request exceeds four job titles in a given month, we may suggest that you use this fee service or that you or a designated staff member visit the TSG library to conduct the research.
- Copyright law prohibits TSG from sending members copies of pages from copyrighted materials.

 TSG reserves the right to deny privileges to any cons Survey Group. 	ulting organization or person who is a competitor of The				
☐ I have reviewed the TSG services offered and the member enrollment form and have indicated a payment option.	rship terms and related fees. I have completed the				
Authorizing Signature:	Date:				
Authorizing Name (Please print):					
HOW DID YOU HEAR ABOUT TSG? (Please choose one)					
☐ Used at Prior Organization	□ Website				
☐ Used Consulting Services	□ Word of Mouth				
☐ Referred by Individual	□ Conference				
Name/Organization	Name of Conference				
□ Other					
SUBMISSION & PAYMENT OPTIONS					
Please complete this form and mail or email it to:					
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Mail: The Survey Group, 152 Conant Street, 2nd Floor, Beverly, MA 01915

Email: info@thesurveygroup.com