



EMPLOYERS WORKFORCE DEVELOPMENT NETWORK, INC.

317 WEST WALNUT STREET * GREEN BAY, WI 54303 * (920) 435-4540 * FAX (920) 435-5440 * www.ewdn.org

Membership Investment Form

[Join any time - your annual renewal is on your anniversary date!]

Primary Representative Name*:	2 nd Representative Name:	3 rd Representative Name:	
<p>* No limit on how many you can involve once you join. We encourage as many as possible for your company to share in this experience. Add additional names on the back of this form or call us on an ongoing basis to add contact names.</p>			
Company:			
Address:			
Phone Number:		Fax Number:	
Email address Primary:	2 nd Email Address:	3 rd Email Address:	
Action Team Preference(s)*:			
Training & Employee Development <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Corporate training plans, costs, logistics; exploring innovative workplace issues & trends </div>	Membership & Communications <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Outreach; website; internal & external communications; member svcs; media; special events </div>	Recruitment & Retention <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Workplace programs; community issues; mentorship & orientation; surveys & research </div>	Health & Wellness <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Empowering employees; innovative plans; EAP's; wellness; workers Comp; occupational health </div>
Primary Rep: _____ 2 nd Rep: _____ 3 rd Rep: _____			
<p><i>* New members may decide to attend a few meetings before choosing task forces. If you choose this option, leave this area blank or simply indicate area(s) of interest and a chairperson will contact you.</i></p>			

Amount of investment: (Annual investment renews on anniversary date.)	1-50 Employees*: \$ 250 51-150 Employees: \$ 500 151-250 Employees: \$ 1,000 251-400 Employees: \$ 1,500 401 & more Employees: \$ 2,000	* Please base on # of FTE's in NE Wisconsin which is: _____ \$
<i>In-Kind contributions in lieu of all or a portion of membership fees will be evaluated on a case-by-case basis and must be approved by the EWDN Executive Committee. Please note here if you would like to contribute in-kind by stating what service or donation that investment would be and your estimate of a dollar value:</i> _____		Estimated dollar value of in-kind investment: \$
Additional investment (If your company is able to make a larger investment, the efforts of EWDN will be able to be implemented sooner and on a wider scale. Please consider how that will benefit your company and commit additional dollars as you are able. Thank you.)		\$
SIGNATURE OF COMMITMENT:	DATE:	Total: \$

Please make checks payable to Employers Workforce Development Network, Inc.
 Please send within 30 days to: Wendy Seronko, EWDN, 317 W. Walnut, Green Bay, WI 54303

EWDN, Inc. is a network of business and community leaders sharing resources and developing partnerships to create companies of choice in a community of choice.