



AFFILIATED WITH

American Staffing Association

Wisconsin Association of Staffing Services

Application for membership or renewal of membership

Please Type or Print Clearly:

Name of Firm (as you would like it to appear in the Membership Directory)

Name of voting representative (Mr./Ms./Mrs.)

Corporate Address

City

State

Zip

() _____
Phone

_____ Fax

_____ E-mail

_____ Web Site Address

Number of Branch Offices: _____ Number of Franchises: _____ Number of Licensees: _____

Is your business operated as a separate, identifiable entity, which derives its principal revenue (at least 50%), from providing staffing services? yes no

Does your business own any part of a staffing service operating under another name? yes no

If yes, give name(s): _____

List the company name, address, contact person, phone, and fax number for all WI branches and franchises. Attach additional sheets if necessary:

1. _____
2. _____
3. _____
4. _____
5. _____

Does your company also engage in the direct hire (permanent) agency business? yes no

If yes, what is the operating name of the agency? _____

Are you involved with employee leasing? yes no

If yes, please explain: _____

How long have you been providing staffing services? _____ year(s) month(s) _____

If less than one year, please list the name and business phone of two business references that WASS may contact.

1. _____
2. _____

Describe any past experience you have had in the staffing industry. _____

How did you hear about WASS? _____

Have you attended a WASS Chapter meeting? yes no If yes, when? _____

What was the determining factor in your decision to join WASS? _____

Industry Specialties

In which industries does your company specialize? Please check all that apply.

- Accounting
- Advertising
- Banking
- Communications
- Construction
- Customer Service
- Data Processing
- Desktop Publishing
- Electronics
- Environmental
- Finance
- Graphics
- Healthcare
- Hospitality
- Human Resources
- Import/Export
- Industrial
- Legal
- Management
- Manufacturing
- Marketing
- Medical (clerical)
- Multimedia
- Office Support
- Purchasing
- Retail
- Real Estate
- Sales
- Technical (Engineering)
- Transportation/Distribution

Other: _____

Dues Structure

WASS membership is based on the calendar year, Jan. 1 to Dec. 31.

WASS Annual dues	\$350
At this time, we are in the _____ quarter of the fiscal year. _____ % of the annual dues applies, making dues	\$ _____
Legislative Contribution (optional)	\$ _____
TOTAL:	\$ _____

Payment

Method of Payment: Please make check payable to: WASS (Wisconsin Association of Staffing Services)

Approval Process

Upon completion of the Application for Membership, please send the application along with the appropriate dues to:

WASS
Monica Morrissey
P.O. Box 26694
Wauwatosa, WI 53226-0694
Phone/Fax: (414) 962-6788 • E-mail: [morriseymonica@sbcglobal.net](mailto:morrisseymonica@sbcglobal.net)

You will be notified by mail upon acceptance by the WASS Board of Directors of your Membership Application.

Company

Signature

Name (Printed)

Date

Title