

SSAI MEMBERSHIP APPLICATION

To qualify for membership to Staffing Services Association of Illinois (SSAI) you are required to be in compliance with the SSAI Code of Ethics which were enacted by the founding members of the SSAI. You can find the code of ethics on our website: <http://www.ilssa.net>. All members are also required to be properly licensed with the State of Illinois, Department of Labor and if required with your local municipality. Once your annual membership dues are determined and paid you will be allowed access to our "members only" Internet site and will be included in our benefits and services.

Company Name: _____

Contact Person: _____

Company Address: _____
Address, City, State and Zip Code

Company Telephone: (____) _____ Company Fax: (____) _____

Company Website: _____

Contact Person E-Mail: _____

Company Gross Sales (Previous Year): \$ _____ Company Full Time Employees: # _____

Number of Clients Served (Previous Year): # _____ Company Temporary Employees: # _____

Number of Locations within Illinois: # _____ Number of Locations Total (U.S.) _____

SSAI annual dues are predicated on the honor system from your reported gross annual sales from the previous calendar year. The dues schedule is listed below. Please indicate your applicable membership annual dues by placing a check in the appropriate box. Please make this check payable to **SSAI**. (With the Board of Directors approval, monthly dues payments can be arranged.)

- | | | |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | < \$ 2 million in gross sales: | \$750.00 annual dues |
| <input type="checkbox"/> | \$2 million—\$5 million in gross sales: | \$1500.00 annual dues |
| <input type="checkbox"/> | \$5 million—\$10 million in gross sales: | \$2500.00 annual dues |
| <input type="checkbox"/> | > \$10 million in gross sales: | \$5000.00 annual dues |

Signature _____ Title _____ Date _____

**Please mail this completed application and applicable membership dues payment to:
Staffing Services Association of Illinois – 2304 Argonne Ave., Springfield, IL 62704**

Questions please call 217-725-6248 or email director@ilssa.net