



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
<input type="checkbox"/> Sales \$ _____	<input type="checkbox"/> Publicly Held	<input type="checkbox"/> New England _____
<input type="checkbox"/> Assets Under Management \$ _____	<input type="checkbox"/> Privately Held	<input type="checkbox"/> Worldwide _____
<input type="checkbox"/> Operating Budget \$ _____	<input type="checkbox"/> Not for Profit	

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 Title:
Telephone:		E-Mail:	Fax:

MEMBERSHIP CATEGORY (Please choose one)	
<u>Full Member</u> Membership fee \$3,000 <input type="checkbox"/> Must have 70 or more employees	<u>Associate Member</u> Membership fee \$1,800 <input type="checkbox"/> Must have 100 or fewer employees

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

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 week, 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 consulting organization or person who is a competitor of The Survey Group.

I have reviewed the TSG services offered and the membership terms and related fees. I have completed the enrollment form and have indicated a payment option.

Authorizing Signature: _____ Date: _____

Authorizing Name (Please print): _____

HOW DID YOU HEAR ABOUT TSG? (Please choose one)

<input type="checkbox"/> Used at Prior Organization	<input type="checkbox"/> Website
<input type="checkbox"/> Used Consulting Services	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Referred by Individual Name/Organization _____	<input type="checkbox"/> Conference Name of Conference _____
<input type="checkbox"/> Other	

SUBMISSION & PAYMENT OPTIONS

Please complete this form and mail, email or fax it to:

Mail: The Survey Group, One Van de Graff Drive, Suite 402, Burlington, MA 01803

Email: info@thesurveygroup.com

Fax: 781-345-7501

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Credit Card #: _____ Security Code: _____
<input type="checkbox"/> Send Invoice	(Amex, Visa, MasterCard, Discover)
	Expiration Date: _____ Print name on card: _____
	Authorizing Signature: _____
	E-mail Address: _____