



## PACE GENERAL MEMBERSHIP & DUES STRUCTURE FORM

To be eligible for a voting membership in Professional Administrative Co-Employers (PACE), a firm must be operated as a staffing services company or PEO. There is an annual fee of \$500.00 for each voting membership. Companies that are under the same ownership, or affiliation, will pay \$500.00 annually for original membership, plus an additional \$100 per each affiliated company. In addition to the annual membership fee, there is a quarterly contribution fee that is based on the total number of employees each member company employs. Non-voting (Associate) memberships are available to vendors at a cost of \$1,000 per year (see PACE Associate Membership Application).

Resignations shall be made in writing and sent to the PACE Headquarters Office. Additional indebtedness will cease at the time of resignation. Resignations will be accepted as of the day they are received by PACE but will not absolve the member of past indebtedness.

### MEMBERSHIP INFORMATION

Company Name: \_\_\_\_\_ Contact Person & Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number of Employees: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If there are more than one office for your company, please attach a sheet for each office's address.

To establish your quarterly dues structure, please circle the total number of employees that your company and its affiliates employ. Please return this sheet with your annual \$500.00 dues check plus the first quarterly contribution amount (also add \$100 for each affiliate company, if applicable).

Number of Employees Quarterly Contribution Table:

Employees	Price
0-250	\$160
251-750	\$315
751-1,250	\$600
1,251-2,000	\$1,185
2,001-3,000	\$1,900
3,001-6,000	\$2,550
6,001-10,000	\$3,050
10,001 and above	\$3,675

#### Payment Options

Quarterly or annually Check/Visa/MC\*

\*If paying by Visa or MC, please fill out the Visa/MC Debit Form

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Officer of Company)