

Association Group Profile

All information obtained is used to create a free, confidential, no obligation quote. The information you provide will be kept confidential. We will share it only with our PEO partners for the purpose of preparing price quotations.

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Principal Contact Person _____ E-mail _____

Website _____ Year Founded _____ State of Incorporation _____

Organization's Purpose

Number of members Firms _____ Individuals _____

If firms are members:

Total number of employees in all member firms _____ or

Estimated average number of employees per firm _____

Where Are Your Members Located? International National Regional State Local

Average Annual Dues Per Member:

None < \$500 \$500-\$1,000 \$1001-\$4999 Over \$5,000

Description Of Principal Business(es) Members Engage In

Is any demographic information on members available? Yes No

How do you communicate with your members? Paper Newsletter or Magazine Electronic Newsletter or Magazine
 Email Blasts To All Members Mail Website Other

Date of next annual conference _____

Current Benefits Offered To Members

Other (Specify)

Benefit	Life	AD&D	Health	Dental	Disability	Other (Specify)
Carrier						
Broker						
Renewal Date						

Dated this _____ day of _____, _____.

Name

Title