



TEMPNET
The International Network
Of Independent Staffing Services

2011 Owner's Membership Application

(Please type): **Mail to:** TEMPNET, 525 SW 5th Street, Suite A, Des Moines, IA 50309-4501 or
email mmycka@assoc-mgmt.com

Company Trade Name _____ Telephone _____

Headquarters' Mailing Address _____ City _____ State ___ ZIP _____

FAX _____ e-mail _____ Web Site _____

Number of offices: In primary city _____ In other market areas _____

Owner's Name and Title 1 _____

2 _____

Key Staff Name's and Titles 1 _____

2 _____

3 _____

Total Number of Staff Full Time _____ Part Time _____

Years in Business Under this Name _____ Under Another Name _____ That Name _____

In what year was the staffing service organized? _____ If you are currently at least 51% owned by women, check here:

D&B No. _____ OR Bank Reference _____

Is staffing service owned in whole or in part by another company? Yes No

If yes, give details _____

Parent Company's Name _____ Telephone _____

Headquarters' address _____ City _____ State ___ Zip _____

Owner's Name and Title _____

Your website _____ Do you own and/or operate an employment agency? Yes No

If yes: Name of Agency _____ City _____ State _____

TYPE OF SERVICE RENDERED AND PERCENTAGE OF YOUR CURRENT BUSINESS

Office _____% Technical/Professional _____% Light Industrial _____% Hospitality _____%

Medical _____% Heavy Industry _____% Other _____% Payrolling _____%

Average hours billed weekly for last 12 months (must be verifiable at time of acceptance) Hours/Week _____

Gross Annual Revenue \$ _____

The approximate number of clients generating the weekly billing hours _____

The number of W-2.'s issued in the past year _____

Percent of time owner was active in the business in the past year _____%

How long has the owner been engaged in the staffing service industry _____ years

Have you ever been connected with a national staffing service firm? ___ Yes ___ No

If yes, give details _____

Location _____

Highlight membership in civic, service and/or trade associations and positions, industry / community honors or awards received held:

Please include your business resume if available.

References

List three (3) references of people in the staffing industry or business associates who can attest to your character and business ethics.

1. Name _____ Telephone _____
Company _____ City/State _____
Email _____ Fax # _____

2. Name _____ Telephone _____
Company _____ City/State _____
Email _____ Fax # _____

3. Name _____ Telephone _____
Company _____ City/State _____
Email _____ Fax # _____

List all offices and complete the attached map(s) of the market served and indicate the geographic areas you will be serving (Attach extra page(s) if necessary.) Please map only those areas in which you currently do business.

"Classifications" are described as follows:

Primary Office - A member's headquarters office located in a major metropolitan or marketing area.

Branch Office - Any office located at a different address within a member's Primary or Additional Market area.

(Offices which are noncontiguous are billed at the same price as the headquarters market.)

Address _____ City _____
State _____ Zip _____ Classification _____ Email _____
Manager's Name _____ Telephone _____

Address _____ City _____
State _____ Zip _____ Classification _____ Email _____
Manager's Name _____ Telephone _____

Address _____ City _____
State _____ Zip _____ Classification _____ Email _____
Manager's Name _____ Telephone _____

Describe your company's strengths in the staffing industry _____

Why are you seeking membership in TempNet? _____

I was referred by: _____

Address/business name is: _____

I confirm that all of the information included in this application is true to the best of my knowledge.

I agree that as a member of TempNet, I will not join or become affiliated with any other like association or organization considered to be competitive with TempNet. Further, I understand that as a TempNet member, I will be exposed to trade secrets of other independent and non-competitive staffing services. I agree to treat all information as a confidential disclosure, and I agree not to use such information to the detriment of any other TempNet member.

In recognition of the exclusivity of TempNet membership, I do hereby agree to give written notice thirty days in advance of my intentions to expand into another marketplace or to sell my business.

Furthermore, I agree to abide by the TempNet Bylaws and Code of Ethics and Good Practices. Should I violate this agreement, I realize that I am subject to termination and or voluntary resignation from TempNet, and that I forfeit any remaining membership fees.

Owner's Signature _____ Title _____ Date _____

***** TempNet has strict participation requirements - attendance once a year at either of 2 meetings and owner attendance at annual meeting once every other year is the minimum participation requirement.*****

I have read and understand the participation requirement.

Owner's Initials _____

Contributions or gifts to TempNet are not deductible as charitable contributions for federal income tax purposes. However, a portion of dues payments may be deductible by members as an ordinary and necessary business expense. Please consult your tax advisor. The tax deductibility of dues paid to TempNet as an ordinary and necessary business expense is subject to restrictions imposed by the Omnibus Budget Reconciliation Act of 1993. TempNet estimates that the deductible portion of your 2011-2011 dues is 100%.

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website: <http://tempnet.org> ● E-mail: mmycka@assoc-mgmt.com