

MEMBERSHIP RESERVATION



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Date: _____

Company Profile

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip+4: _____

Phone: (_____) _____ Total Employees (*Full-Time Equivalent*): _____

Confidentiality Agreement

You will receive information and various publications as a privilege of your membership with Employers Resource Association. You hereby acknowledge that the information provided for in these publications is confidential and trade secret information that is solely and exclusively owned by ERA. You have agreed to hold such information in the strictest confidence and will not disclose this information to any third party person, firm or corporation, either orally or in writing. **IT MAY NOT BE USED FOR CONSULTING SERVICES** unless your client receives this information from ERA through its membership. In no way should this information be used in such a way that may destroy the confidentiality or secrecy of this information.

You are permitted to provide specific ERA information to certain third parties that you may hire for services relating to the operation of your business. These third parties may use ERA's confidential and trade secret information in performing services for your internal organization only.

You are required to notify the third party that ERA confidential and trade services information shall be used only for services provided by the third party to you, and the third party shall not disclose such information to any other person. You understand that you are not permitted to copy or transmit this information in any way. You acknowledge responsibility for obtaining from the third party any ERA publications you provided the third party in performance of their services.

Please note: Violations of this agreement may result in the revocation of membership privileges and legal action.

I hereby certify that I have read this agreement and will comply with the non-disclosure and secrecy requirements as stated above. I also certify that I will keep all information under the appropriate security safeguards in order to prevent any unauthorized disclosure to others.

Membership is subject to approval of the Board of Directors.

Name: _____ Date: _____

Title: _____