



Industrial Foundation of America
402 E. San Antonio Ave.
Boerne, TX 78006

Phone: 1-800-592-1433
Fax: 1-800-628-2397

IFA MEMBERSHIP APPLICATION

1. Please provide the following information:

Company: _____

Contact: Name _____

Title _____

Telephone (____) _____ Extension: _____

FAX (____) _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

2. Please list the four digit
Standard Industrial Classification (SIC)
Code for your company:

Primary SIC code _____

Secondary SIC code _____

4. IFA annual membership dues.
\$ _____

5. Method of payment:

3. Select the appropriate
Member Type for your company:

_____ Check

_____ Purchase Order

Member Type _____

Sponsor or Referral _____

Persons to be placed on mailing lists: _____

Note: Membership begins when the first year's membership dues payment and membership application and contract for wage are received by IFA. The contact named above will be sent annual membership dates renewal invoices.

I certify that information obtained from the Industrial Foundation of America will be used for employment purposes only and in compliance with any pertinent laws.

Signature _____

Date _____

INDUSTRIAL FOUNDATION OF AMERICA MEMBERSHIP AGREEMENT

INDUSTRIAL FOUNDATION OF AMERICA WILL NOT PROVIDE A MEMBER OR PROSPECTIVE MEMBER WITH ANY INFORMATION REGARDING ITS EMPLOYEES OR PROSPECTIVE EMPLOYEES UNTIL THIS CONTRACT IS SIGNED AND DELIVERED TO INDUSTRIAL FOUNDATION OF AMERICA.

Industrial Foundation of America ("IFA") agrees to provide _____ ("Member"), which is engaged in the business of _____ with certain information regarding the member's employees or prospective employees under the following terms and conditions:

INFORMATION PROVIDED TO MEMBER BY IFA

I.

Upon request by member's designated representative(s), IFA will provide the following information pertaining to the Member's employee or prospective employee:

- Name;
- Social security number
- Driving history
- Criminal history
- Worker's compensation information (when available, depending upon the state); and
- Information regarding prior work-related injuries, including:
 1. Name of employer at time of injury;
 2. Date of injury;
 3. Part(s) of body injured;
 4. Lawsuits filed including the county of suit, case number and amount of settlement, if applicable; and
 5. Fraudulent claims.

Member understands and agrees that IFA will not provide information to Member's employees who request information on themselves, their associates or any other persons unless the request is made in connection with the exercise of their official duties.

INITIAL: _____

II.

Member understands and agrees that IFA will not furnish information as to race, color, religion, national origin, sex, age, handicap or disability of employees or prospective employees.

III.

Member understands and agrees that IFA will not make recommendations regarding employees or prospective employees and that all employment decisions are the sole responsibility of Member.

IV.

Member understands and agrees that IFA will cease furnishing information to it if the IFA knows, or has reason to believe, that Member is violating any provision of the Fair Credit Reporting Act.

COMPLIANCE WITH FCRA

V.

Member agrees to comply with all provisions of the Fair Credit Reporting Act (the "FCRA") and understands and agrees that it is a "user" as defined by the FCRA and that the information provided to it by IFA is a "consumer report" as defined by the FCRA.

VI.

Member certifies to IFA that the information obtained from IFA will be used only for the purpose of evaluating an employee or prospective employee for employment, promotion, reassignment or retention as an employee.

VII.

Member certifies to IFA that, within three days of requesting information from IFA, it will mail or deliver to each employee or prospective employee about whom Member requests information from IFA a copy of the "Disclosure to Employees and Prospective Employees," a copy of which is attached as Exhibit A.

VIII.

Member certifies to IFA that, prior to requesting information from IFA, it will obtain from each employees or prospective employee about whom Member requests information from IFA a signed "Authorization to Request and Obtain Information," a copy of which is attached as Exhibit B.

INITIAL: _____

IX.

Member certifies to IFA that before taking adverse action based in whole or in part upon information obtained from IFA member will furnish the employee or prospective employee a copy of the information received from IFA. In addition, you must furnish them a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act," a copy of which is attached as Exhibit C.

X.

Member understands and agrees that, pursuant to the FCRA, Member is liable for actual damages or \$1,000.00, whichever is greater, in the event that Member obtains information from IFA under false pretenses.

INFORMATION PROVIDED TO IFA BY MEMBER

XI.

Member agrees to report to IFA the following information for all work-related injuries sustained by its employees:

- Employee name;
- Social security number;
- Date of injury; and
- Body parts involved

XII.

Member agrees to notify IFA if an employee or prospective employee disputes the completeness or accuracy of information it has furnished to IFA.

PAYMENT OF DUES AND FEES

XIII.

Member agrees to pay annual dues to IFA in the amount of \$125.00 Member may renew its membership provided it pays annual dues for the upcoming year on or before the expiration of the preceding year.

XIX.

Member agrees to pay fees for services within thirty (30) days from the date that the services were rendered. Member agrees to pay a late charge of 1-1/2% per month on unpaid amounts until the date of payment and all costs in connection with the collection of unpaid service fees, including, but not limited to, attorneys fees and court costs.

Member (or Authorized Representative)

Industrial Foundation of America

Job Title Date

Job Title Date