



EMPLOYER ADVISORY COUNCIL 2019 MEMBERSHIP APPLICATION

New

Renewal

Date _____

PLEASE COMPLETE ALL INFORMATION & RETURN TO YOUR LOCAL EAC OFFICE

Membership Name _____

Contact Person _____ Title _____

Address _____

City _____ Zip _____

Type of Business _____ No. of Employees _____

Telephone _____ FAX _____ Email _____

Years in Business _____ Would you be willing to serve on a committee? _____

Type of Entity Profit Non-profit Governmental Agency

How did you hear about EAC? _____

EAC dues are paid annually. Membership year 2019. Amount due \$40.00.

Make check payable to: Desert Communities EAC (DCEAC)

**Mail to: DCEAC
P. O. Box 5223
La Quinta, CA 92248**

Questions??? Call

Felicia Simonsen 760.863.2662, Anita Marlowe 760.345.5723

The information given is strictly confidential, for the exclusive use of the Employment Development Department, the Employer Advisory Council, and the California Employer Advisory Council. This information may not be used for solicitation, the creation of mailing lists, or any other unauthorized use and will not be released unless authorized by statute.

www.ceac.org

FOR EAC USE ONLY

Region Number 07 EDD Office Indio/Palm Springs/Blythe Membership Year 2019

Method of Payment: Cash Check # _____ Other Amount \$ _____

Date _____ Initial _____