

2007 Membership Form

Member # (Office Use Only) _____
 Effective Date _____



Company Name _____
 Owner/President _____
 Address _____
 Phone _____ e-mail _____
 Insurance Broker Name _____
 Broker Address _____

Type of business (please be specific) _____
 Membership Contact Name/Title _____
 City _____ State _____ Zip _____
 How did you hear about us? _____

My/our group is enrolling (x) interested in (✓)

Blue Cross Blue Shield VT Medical Coverage Very Competitive rates for self employed to groups of 50	
Online Clinical Decision Support: PKC (NEW) Software tools to help consumers make informed medical decisions	
Dental/Vision Coverage for groups of all sizes – Includes voluntary plans	
COBRA & HIPAA Administration Relieve compliance burdens & reduce exposure to fines	
Flexible Benefit Plans-BRS POP \$250, others quoted Employers reduce taxes. Employees increase take home pay	
Individual Disability Insurance: Principal Financial Receive premium discounts up to 20%	
Prescription Drug Discount Plan: Rutland Pharmacy Mail-order or walk in service. Quotes via phone	
Diagnostic Imaging Program: Vermont Radiologists Full service diagnostic imaging	

My/our group is enrolling (x) interested in (✓)

HR Technical Advice Human Resource Professionals without having to hire one	
Merchant Services Accept Debit & Credit Cards at low rates	
Equipment Financing (NEW) Member-Vendor Financing & Marketing Program	
Payroll Processing Local Customer Service and Support	
Discount Long Distance Phone Service In VT 5.9 cents per minute-Outside VT 4.9 cents per minute	
Cellular Expense Management Services (NEW) 25 Wireless devices or more	
BRS Staffing Solutions (NEW) Temporary workers; Employee searches; Applicant Screening; Interim Hiring Program	

Please check one: Self Employed Sole Proprietor C Corp S Corp LLC

Total number of full-time employees _____

Based on above number of full-time employees, use this table to determine your membership fee:

(Rates effective 1/1/07)

Qualified Non-Profit – 30% Discount

# Full Time Employees	Annual Fee*	Quarterly Fee*	Monthly Fee
1 - 5	\$250	\$76	\$31
6 - 10	\$350	\$97	\$41
11 - 25	\$500	\$145	\$58
26 - 40	\$650	\$187	\$78
>40	\$725	\$221	\$84

*Quarterly and Annual Membership fees are billed on a calendar year basis. Credit balances are applied to the next membership cycle. No refunds after 30 days.

Enclosed is my () annual () quarterly () monthly membership fee in the amount of \$ _____.

Please make check payable to Business Resource Services (BRS)
Return to BRS, PO Box 9367, S. Burlington, VT 05407-9367
 For more information please call BRS at 802-865-4560 or visit www.brsvt.com

Please accept my application for membership with BRS. I understand I must be a member in good standing to receive access to member services. BRS must be notified directly if you wish to cancel membership.

Signature _____

Title _____

Date _____