



THE INDEPENDENT PROFESSIONAL STAFFING SOCIETY

Fax to:
David Lockhart
ETS Staffing
313-372-2774

APPLICATION FOR MEMBERSHIP

Name of Applicant _____ Title _____ % of Ownership _____

Name of Firm _____

Street _____ City _____ State _____ Zip _____

Phone _____ Ext. _____ FAX # _____

Date Firm Established _____ Type (C-Corp., Sub-S, etc.) _____

PARTNERS/OFFICERS

TITLE

% OWNERSHIP

LIST AFFILIATED OFFICES (Attach additional sheet if necessary)

TRADE NAME

CITY/STATE

STAFF SIZE

Average Weekly Hours/Past 12 Months: Clerical _____ Industrial _____ Other _____

Prior Year/12-Month Period: Clerical _____ Industrial _____ Other _____

Do You Offer Direct Hire Placement? No Yes

Amount of Time You Spend in the Temporary Help Business _____ %.

Current Membership In Trade/Professional Organizations _____

Past Membership in Trade/Professional Organizations _____

Please Briefly List Your Experience in the Temporary Help Industry _____

<u>CONTACTS (Professional References)</u>	<u>FIRM</u>	<u>CITY</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference: Name _____ Branch Location: _____

I have read and understand the "Objectives and Principles" of TIPSS. I feel I meet the requirements.

Date _____

(Applicant Signature)