



# ULPA Employer Form

## Employer Name:

Address:

City:

State:

Zip Code:

Do you have a Collective Bargaining Agreement (CBA)?

Yes

No

## Employer Primary Contact:

First Name:

Last Name:

Email:

Telephone:

## Apprentice Manager: (If different than Primary Contact)

First Name:

Last Name:

Email:

Telephone:

## Additional Canvas User: (One additional user beyond Apprentice Manager is allowed)

First Name:

Last Name:

Email:

Telephone:

## Rates and Terms:

Company dues: \$500/annually

Apprentice dues: \$200/course per Apprentice

*\*Payments not received within 60 days of the ULPA invoice will result in access to Canvas being paused until payment has been received.*

I acknowledge the rates and terms.

Signature:

*\*Your typed name will serve as your electronic signature*