

# Aglink Sign Up

Please fill out the form below and select the benefit programs you are interested in joining. The information provided is required to join Aglink and access the benefit programs.

Return completed form to our team at [info@oregonwinecouncil.org](mailto:info@oregonwinecouncil.org)

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Benefit Programs

Select all the benefit programs you would like to have access to:

Association Health Plans    SAIF Worker's Compensation Insurance Discount  
 Workplace and Promotional Supplies    Legal Services    Aglink Event and Product Discounts

**2022 Gross Receipts:**  \$0-\$100k    \$100,001-\$500k    \$500,001-\$1M    \$1,000,001-\$2.5M  
 \$2,500,001-\$5M    \$5,000,001 and up

**Business Type:**  Retail    Wholesale    Retail & Wholesale

**Do you grow, raise, or produce any commodities aside from grapes? :**  Yes  No

**If so, please list:** \_\_\_\_\_

**Full Time Employees in 2022:** \_\_\_\_\_

**Maximum number of employees at any point in 2022:** \_\_\_\_\_

**Does your company provide health insurance to your employees?**  Yes  No

**Have you purchased workers comp insurance through SAIF?**  Yes  No

**Who have you purchased workers comp insurance through?** \_\_\_\_\_

**Does your company have a mod rate of less than 1.0?**  Yes  No  Not Sure