



# MEMBERSHIP FORM

**National Household Employer Association Inc.**  
7 Executive Park Drive, Clifton Park, NY 12065  
(800) 469.1807, [www.theNHEA.com](http://www.theNHEA.com)

Please return this form by mail with a check (to the address above) or fax (with credit card information below) to 518-836-2551. Membership is \$100 per household. Checks should be made out to 'National Household Employer Association Inc.'

Name (s): \_\_\_\_\_

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

City, St, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Member Type:  Employer  Employee  Other

### Members Receive:

1. Free copy of the one-of-a-kind handbook, 'How To A Nanny: A Household HR Handbook - Your Complete Guide to Finding, Hiring and Retaining Household Help'
2. 25% discount on Household HR documents designed specifically for household employers.
3. Access to group benefits such as retirement plan and insurance offerings.

### NHEA CODE OF ETHICS

NHEA believes in the institution of professional best practices for household employment and therefore has developed the following NHEA Code of Ethics for members:

1. Know and abide by all local, state and federal labor and employment laws
2. Write work agreements clearly and concisely and discuss with their employee before signing
3. Be professional and courteous with their employee
4. Foster open communication with their employee
5. Keep all their employee documents in a safe place
6. Establish household policies and procedures at the beginning of the relationship
7. Pay their employee legally by abiding by federal, state and local payroll tax and wage laws
8. Understand employer and employee household employment tax obligations
9. Investigate employee benefits in the best interest of their employee
10. Institute a safety policy for their home/workplace and regularly review it with their employee

YES  I have read the Code of Ethics and want to join NHEA!

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

National Household Employer Association Inc. is a Delaware 501c (6) corporation and aims to provide education and support to every member to help build and maintain a successful working relationship between employer and employee.

### PAYMENT BY CREDIT CARD

Visa/MC/AMEX Card Number: \_\_\_\_\_ (please circle which type of card)

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Amount to be charged: \$100.00. Signed: \_\_\_\_\_