

Sheet Metal
Northwest
Anti-Drug
Program

SNAP is administered by Drug Free Business
800-598-3437 or snap@drugfreebusiness.org
Non-bargaining employees
Registration Form

Company Name: _____

Address: _____

City/ST/Zip: _____

Designated Employer Representative (DER) Information: Submit all 6 items.

1. First Name: _____ 2. Last Name: _____

3. Social Security Number (SS#): _____

4. Phone: _____ 5. Email: _____

5. Specify: non-bargaining employee bargaining worker - member of Local #66 or #55

6. Annual Fee : \$100/first year for non-bargaining DER only

Other Employee Information: Submit all information for each person:

First Name	Last Name	SS#	Type:
_____	_____	_____	<input type="checkbox"/> non-barg
_____	_____	_____	<input type="checkbox"/> non-barg
_____	_____	_____	<input type="checkbox"/> non-barg
_____	_____	_____	<input type="checkbox"/> non-barg

Note: Do NOT submit information for bargaining workers. This will be obtained from the unions.

6. Annual Fee: \$100/non-bargining worker/first year; thereafter \$65