

## 2010 EBPA Corporate Membership Application

### Benefits to Your Organization:

- Affiliation with an association committed to education in the employee benefits field
- Having a ready source of professional training to keep your staff up to date on changes in the benefits field
- Access to a network which enables employees to learn from peers within the industry, and to meet important business contacts
- Reduced expenses for professional membership
- Annual Membership Fee schedule good through December 31, 2010:  
     1-3 Members: \$60 each      4-7 Members: \$55 each      8+ Members: \$50 each

### 2010 Breakfast Seminar Schedule

- February 4 – Ethics
- April 1 – Effective Communication
- June 3 – Legislative Update
- September 16 – Health Management (Eastside/Afternoon meeting)
- November 4 – Benefit Trend Survey

### Corporate Membership Rules:

- Sign-up deadline for Corporate Membership is January 29, 2010. After deadline, membership will be assessed at the individual rate.
- All names must be submitted at the time of sign-up – no exceptions
- Membership resides with the individuals listed and can not be transferred

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

Individual Name	Title	Phone	E-Mail

Total Corporate Membership Fees: \$ \_\_\_\_\_

I would like to donate to the Scholarship Fund: \$ \_\_\_\_\_

*Please attach separate form for additional names*

Total: \$ \_\_\_\_\_

**Method Of Payment:**

- Check made payable to EBPA for total shown on reverse side of page, is enclosed  
 VISA     Mastercard     American Express

I authorize EBPA to charge my credit card the total of \$\_\_\_\_\_ for members identified on reverse side of page.

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address of person to receive receipt: \_\_\_\_\_

Key Contact at Company \_\_\_\_\_

Key Contact's phone number \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ - State \_\_\_\_\_ Zip \_\_\_\_\_

Please mail application form to:  
EBPA  
PO Box 58530  
Seattle, WA 98138-1530,

Or fax application form to  
(206)575-9255