

# Mid-Year Membership Application

# 2009



## International Society of Certified Employee Benefit Specialists

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### ISCEBS ROSTER (Please print)

CEBS ID# \_\_\_\_\_

First name \_\_\_\_\_ M.I. \_\_\_\_\_

Last name \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

**See our policies regarding your registration/cancellation/refund and privacy at [www.ifebp.org/policies](http://www.ifebp.org/policies).**

### CONTINUING EDUCATION STUDY MATERIALS

- Please send me my complimentary set of the 2009 continuing education study materials.
- U.S.     Canada

### MEMBERSHIP DUES

2009 CEBS Member Dues Calendar Year—\$85 \$ \_\_\_\_\_

2009 GBA, RPA or CMS Member Dues Calendar Year—\$85 \$ \_\_\_\_\_

2009 Active Student Member Dues Calendar Year—\$85 \$ \_\_\_\_\_  
*(Completed at least one CEBS exam.)*

Unemployed or retired—\$50. \$ \_\_\_\_\_

Local Chapter Dues *(if applicable)*  
*See reverse side for chapter/dues listing.*

Chapter name \_\_\_\_\_ \$ \_\_\_\_\_

#### Chapter name

*Benefits Quarterly on CD-ROM*

- Please send me back issues of *Benefits Quarterly* on CD-ROM.



### PAYMENT INFORMATION (Please print clearly.)

- Payment enclosed. Make check payable to ISCEBS.*  
*(Fees may be paid in Canadian funds. Please use the equivalent Canadian rate currently in effect.)*  
*U.S. Federal tax ID #39-1396077.*

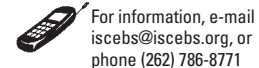
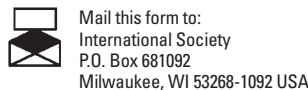
**For ISCEBS updates,  
visit [www.iscebs.org](http://www.iscebs.org).**

Check # \_\_\_\_\_ \$ \_\_\_\_\_

VISA     MasterCard     American Express     Payment was made electronically (ACH).

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder's name (print) \_\_\_\_\_



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## Local Chapter Dues

If you wish to be a member of a local chapter, choose from this list and enter the chapter name and amount on the reverse side and recalculate the total amount due.

Albany	\$40	Greater Boston	\$35	Omaha metro	\$35
Austin	\$40	Greater Philadelphia	\$45	Orange County	\$50
Baltimore	\$50	Greater Pittsburgh	\$45	Oregon Cascades	\$35
Birmingham area	\$55	Halifax	\$50	Orlando	\$50
British Columbia area	\$50	Honolulu	\$25	Pacific Northwest	\$30
Capital	\$50	Houston	\$35	Phoenix	\$35
Carolinas	\$50	Jacksonville	\$25	Richmond	\$40
Central Indiana	\$35	Kansas City	\$50	San Antonio area	\$50
Central Ohio	\$40	Kitchener–Waterloo	\$50	San Diego	\$50
Central Pennsylvania	\$35	Los Angeles	\$50	St. Louis	\$50
Chicago	\$50	Louisville area	\$40	Southern New England	\$50
Cincinnati/Dayton	\$40	Madison	\$35	South Florida	\$60
Colorado	\$40	Milwaukee	\$35	Tampa Bay area	\$55
Dallas/Fort Worth	\$50	New York Metro area	\$60	Toronto area	\$50
Des Moines	\$40	Northeast Ohio	\$50	Twin Cities	\$35
Detroit area	\$50	Northern California	\$50	West Michigan	\$35
Georgia	\$50	Northern New Jersey	\$60		

## Member Profile

### BUSINESS CATEGORY

- Accounting
- Third-party administrator
- Law firm
- Bank/trust company
- Corporation
- Consulting/actuarial
- Employer association
- Hospital/HMO/medical center
- Insurance company
- Investments
- Labor union
- Multiemployer trust fund
- Other
- Professional association
- Public employee/other
- Public employee trust fund

### NUMBER OF YEARS IN THE EMPLOYEE BENEFITS FIELD

- 1-5
- 6-10
- 11-15
- 16-20
- Over 20

### EDUCATION

- High school
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Ph.D.
- Law degree
- Other

**ISCEBS—Good for your employer. Good for the industry. Better for you!**