

**MEMBERSHIP APPLICATION**  
**October 2011-December 2012**

**Canadian Multiemployer Trust Fund**

**1. CUSTOMER INFORMATION (Please print clearly)**

The contact person is responsible for paying membership dues and updating the membership roster. Date filled out \_\_\_\_\_

Priority Code \_\_\_\_\_ Individual ID# or CEBS® ID# \_\_\_\_\_  
 First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

**Up to 3 Months Free!**

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

**2. MEMBERSHIP TYPE (Please select one membership type) (Prices are in Canadian Funds)**

<input type="checkbox"/> <b>Multiemployer trust fund</b>	<input type="checkbox"/> <b>Public employer trust fund</b>
<input type="checkbox"/> Organizational membership	<input type="checkbox"/> Organizational membership
<input type="checkbox"/> 6 or fewer individuals ..... \$780	<input type="checkbox"/> 6 or fewer individuals ..... \$780
<input type="checkbox"/> 7-10 ..... \$880	<input type="checkbox"/> 7-10 ..... \$880
<input type="checkbox"/> 11-14 ..... \$980	<input type="checkbox"/> 11-14 ..... \$980
<input type="checkbox"/> 15-20 ..... \$1,080	<input type="checkbox"/> 15-20 ..... \$1,080
<input type="checkbox"/> 21+ ..... \$1,210	<input type="checkbox"/> 21+ ..... \$1,210
<input type="checkbox"/> Individual membership ..... \$295	<input type="checkbox"/> Individual membership ..... \$295
Please list your affiliation (i.e., IBEW, UFCW, etc.) _____	

**3. CONTENT (Please select the type of information you would like to receive)**

Canadian content only       U.S. content only       Both U.S. and Canadian content

**4. ADDITIONAL INFORMATION**

I do not want to receive non-International Foundation mail. Referred by \_\_\_\_\_

**5. MEMBERSHIP ROSTER**

**5a. Trust Fund: Multiemployer and Public Employer Trust Fund**  
 List names and mailing addresses (where you will receive all International Foundation mail) of all member participants. Salaried administrator should list fund address. Trustees should list individual addresses. Please attach a list of other personnel to this application. *Any professional service providers (attorneys, administrators, etc.) are required to hold membership in their personal or firm names and are not eligible for membership as representatives of a trust fund.*

**5b. Public Employee Staff/Labor Union/Employer Association/Other**  
 List names and mailing addresses of all member participants, up to four member participants (where they will receive all International Foundation mail).

Check here if same information as contact.

(1) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

**The International Foundation has a calendar-based annual membership. Memberships taken out after October 1 are good through December 31 of the following year (if attending current year's Annual Conference, you must join for the same year).**

**5. MEMBERSHIP ROSTER (continued)**

(2) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

(3) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

(4) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

(5) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

(6) First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4/3 digits of SSN/SIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Please attach a list of additional individuals to this application.

**6. PAYMENT INFORMATION—MEMBERSHIP DUES ARE NONREFUNDABLE.**

Full payment in Canadian funds must accompany order. Make cheque payable to International Foundation.

Cheque # \_\_\_\_\_ \$ \_\_\_\_\_

VISA  MasterCard  Discover

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

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

**MEMBERSHIP SUMMARY**

Membership fee \$ \_\_\_\_\_

**Total (Canadian funds) \$ \_\_\_\_\_**



Apply online at [www.ifebp.org/join](http://www.ifebp.org/join)



Fax your application with credit card number: (262) 364-1818



Mail the application form with cheque or credit card number to: International Foundation P.O. Box 2406, Station A Toronto, ON M5W 2K6



For information, e-mail [membership@ifebp.org](mailto:membership@ifebp.org), or phone toll free (888) 334-3327, option 1, or (262) 786-6710, option 1

