



MEMBERSHIP APPLICATION 2012

**Corporate • Professional Sector •
Public Sector (Governmental Plans)**

1. CUSTOMER INFORMATION

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 _____ 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.

2. MEMBERSHIP TYPE (Please select one membership type.) (Prices are in U.S. Funds)

The International Foundation has a calendar-based annual membership of \$755 for organizations and \$295 for individuals. Dues are prorated as follows.

- | | |
|---|--|
| <input type="checkbox"/> Organizational membership: (Up to four individuals) | <input type="checkbox"/> Individual membership: |
| <input type="checkbox"/> January 1-December 31 \$755 | <input type="checkbox"/> January 1-December 31 \$295 |
| Each additional individual \$150 | <input type="checkbox"/> April 1-December 31 \$220 |
| <input type="checkbox"/> April 1-December 31 \$570 | <input type="checkbox"/> July 1-December 31 \$145 |
| Each additional individual \$110 | <input type="checkbox"/> After October 1 \$295 |
| <input type="checkbox"/> July 1-December 31 \$380 | <input type="checkbox"/> Transitional* \$ 65 |
| Each additional individual \$ 75 | |
| <input type="checkbox"/> After October 1 \$755 | |
| Each additional individual \$150 | |

*Transitional membership is available only to unemployed individuals and is renewable at standard individual rate of \$295.

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

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

4. ADDITIONAL INFORMATION

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

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).

MEMBERSHIP APPLICATION (continued)

5. MEMBERSHIP ROSTER

Organizational memberships only

Please list the names and mailing addresses (where you will receive all International Foundation mail) of four of your organization's employees who are to receive all appropriate International Foundation communications and be considered active International Foundation members. Additional individuals may be added for \$150 each. (See Section 2 for prorated dues.)

Check here if same 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) _____

(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) _____

Please attach a list of additional individuals to this application.

6. PAYMENT INFORMATION—MEMBERSHIP DUES ARE NONREFUNDABLE.

Full payment in U.S. funds must accompany order. Make check payable to International Foundation.

Check # _____ \$ _____
 VISA MasterCard American Express (U.S. only) Discover
 Credit card # _____ Exp. date _____
 Cardholder's name (print) _____

MEMBERSHIP SUMMARY

Membership fee \$ _____
 Total (U.S. funds) \$ _____



Apply online at www.ifebp.org/join



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



Mail the application form with check or credit card number to:
 International Foundation
 P.O. Box 68-9952, Chicago, IL 60695-9952



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

