



MEMBERSHIP APPLICATION
October 2011-December 2012

Multiemployer Trust Fund

(Taft-Hartley)

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.

2. MEMBERSHIP TYPE (Please select one membership type)

- Multiemployer trust fund
Organizational membership
6 or fewer individuals \$755
7-10 \$855
11-14 \$955
15-20 \$1,050
21+ \$1,180
Individual membership \$295
Public employer trust fund
Organizational membership
6 or fewer individuals \$755
7-10 \$855
11-14 \$955
15-20 \$1,050
21+ \$1,180
Individual membership \$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 _____

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 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

