

MEMBERSHIP APPLICATION 2024

Corporate • Professional Sector • Labour Union
Public Sector (Governmental Plans)

Primary Contact Information

The primary contact is responsible for renewing membership and updating the membership roster. Date _____

Individual ID# _____
 Full first name _____ M.I. _____ Last name _____
 Employer _____ Job title _____
 Mailing address _____ Business Home
 City _____ State/Province _____ Country _____ ZIP/Postal code _____
 Mobile phone _____ Business phone _____
 Email _____ Role (see list) _____

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies.

Membership Type—Please select one.

- | | |
|---|--|
| <input type="checkbox"/> Organizational membership (up to four individuals)
<input type="checkbox"/> After October 1 C\$1,195
Each additional individual C\$ 260
<input type="checkbox"/> January 1-December 31..... C\$1,195
Each additional individual C\$ 260
<input type="checkbox"/> April 1-December 31..... C\$ 955
Each additional individual C\$ 210
<input type="checkbox"/> July 1-December 31 C\$ 715
Each additional individual C\$ 155 | <input type="checkbox"/> Individual membership
<input type="checkbox"/> After October 1 C\$ 325
<input type="checkbox"/> January 1-December 31..... C\$ 325
<input type="checkbox"/> April 1-December 31..... C\$ 260
<input type="checkbox"/> July 1-December 31 C\$ 195
<input type="checkbox"/> Transitional* C\$ 110
<small>*Transitional membership is delivered electronically, is available only to unemployed individuals and is renewable at standard individual rate of C\$325.</small> |
|---|--|

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

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

Referred by

Membership Roster

Organizational memberships only

Please list the names and mailing addresses (where they 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 C\$260 each. (See Membership Type for prorated dues.)

Check here if same as primary contact

(1) Full first name _____ M.I. _____ Last name _____
 Employer _____
 Job title _____
 Mailing address _____ Business Home
 City _____ State/Province _____ Country _____ ZIP/Postal code _____
 Mobile phone _____ Business phone _____
 Email _____
 Role (see list) _____

Role		
Accountant/Auditor ACC	Consultant CON	Public Administrative/Support Staff PES
Actuary ACT	HR Professional HRP	Third-Party Administrator TPA
Attorney ATY	Insurance Rep. INS	Other OTH
Benefits Professional..... BNP	Investment Mgt. INV	

Membership Roster (continued)

(2) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

(3) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

(4) Full first name _____ M.I. _____ Last name _____
Employer _____ Job title _____
Mailing address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Mobile phone _____ Business phone _____
Email _____
Role (see list) _____

Please attach a list of additional individuals to this application.

Payment Information – Membership Dues Are Nonrefundable.

Make cheque payable to International Foundation.

Cheque # _____ C\$ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

Membership Summary

Membership fee C\$ _____

Total (Canadian funds) C\$ _____

The International Foundation has a calendar-based annual membership of C\$1,195 for organizations and C\$325 for individuals. See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies. Memberships taken out after October 1 are good through December 31 of the following year. If your membership expired more than 12 months ago, you are eligible to join at quarterly promotional rates.



Apply online at www.ifebp.org/join.



International Foundation
P.O. Box 2406, Station A
Toronto, ON M5W 2K6



Questions? Email
membership@ifebp.org or
phone (833) 886-3749.

