

# MEMBERSHIP APPLICATION 2024

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

International Foundation   
OF EMPLOYEE BENEFIT 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 \_\_\_\_\_ 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](http://www.ifebp.org/policies).

## Membership Type—Please select one. (Prices are in U.S. funds.)

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

## 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

## 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 \$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	

Continued →

**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 check payable to International Foundation.

Check # \_\_\_\_\_ \$ \_\_\_\_\_  
Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_  
Cardholder's name (print) \_\_\_\_\_

**Membership Summary**

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

*The International Foundation has a calendar-based annual membership of \$1,195 for organizations and \$325 for individuals. See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at [www.ifebp.org/policies](http://www.ifebp.org/policies). If attending current year's U.S. Annual Conference, you must join for the same year. If your membership expired more than 12 months ago, you are eligible to join at quarterly promotional rates.*



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



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Questions? Email  
[membership@ifebp.org](mailto:membership@ifebp.org) or  
phone (888) 334-3327.