



EMPLOYEE BENEFITS ASSOCIATION OF LOS ANGELES

PLEASE COMPLETE BOTH SIDES OF THIS FORM, ATTACH CHECK
MADE PAYABLE TO EMPLOYEE BENEFITS ASSOCIATION OF LOS
ANGELES

FOR \$175 AND MAIL BOTH TO:

Membership Chair
Employee Benefits Association of Los Angeles
210 N. Glenoaks Blvd., Ste. C
Burbank, CA 91502
818.846.1129 phone 818.843.7423 fax
www.eba-la.org email: eba-la@emaoffice.com

The purpose of the EBA-LA is to exchange information, advance knowledge and education, and foster sound principles, procedures and practices in the field of pension and other employee benefit plans.

The EBA-LA shall take no position by resolution or otherwise, on any question. Neither the EBA-LA nor any of its Committees nor representatives acting on behalf of the EBA-LA shall recommend or sponsor any concerted action, program or agreement which will in any way restrict or tend to restrict competition among its members.

The EBA-LA exists and shall continue as a group of persons, each of whom is productively, substantially and continuously engaged in work in the field of pension or other employee benefits, who are associated together to advance the purpose of the EBA-LA and thereby increase their ability to effectively serve the interests of their respective clients, employees, employers and the American public.

Any individual engaged in the field of pension or other employee benefits may become a member of the EBA-LA upon approval by the EBA-LA Steering Committee.

MEMBERSHIP APPLICATION

I hereby apply for membership in the Employee Benefits Association of Los Angeles. A check in the amount of \$175, representing dues for the period through December 31, 2012 is enclosed. (Dues are \$175 per Conference year, regardless of the date of application.)

In support of such application, I submit the following information: (Please print or type)

Name _____ Employer _____

Title _____ Years of Industry Experience _____

Mailing Address _____

Business Telephone _____ Fax Number _____

E-Mail Address _____

PREVIOUS WORK IN THE EMPLOYEE BENEFITS FIELD (Optional):

Employer

Principal Duties

1. _____

2. _____

Would your organization be interested in providing a speaker at one of the Conference programs? __ Yes __ No

Would your organization be interested in sponsoring a Conference event? __ Yes __ No

What topics are you interested in? _____

CONTINUING EDUCATION CREDIT

The Conference has applied for continuing education credit for the following organizations:

California Minimum Continuing Legal Education Credit (MCLE)
 Department of Insurance Licensing Bureau
 Joint Board for the Enrollment of Actuaries (Enrolled Actuaries)
 National Association of State Board of Accountants (NASBA)
 National Institute of Plan Administrators (NIPA)

If you are a member of another organization that requires continuing education credit please provide us with the organization's name.

Other professional organizations which you belong to:

MEMBERSHIP DATA

Please put a check mark in appropriate box.

Occupation/Profession		Employment Category	
<input type="checkbox"/> Accountant	<input type="checkbox"/> Manager	<input type="checkbox"/> Accounting Firm	<input type="checkbox"/> Law Firm
<input type="checkbox"/> Actuary	<input type="checkbox"/> Marketing Rep.	<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Employer/Plan Sponsor
<input type="checkbox"/> Administrator	<input type="checkbox"/> Plan Sponsor	<input type="checkbox"/> Health Care	<input type="checkbox"/> Stock Broker
<input type="checkbox"/> Benefits Rep.	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Insurance Broker	<input type="checkbox"/> Taft Hartley Trust
<input type="checkbox"/> Consultant	<input type="checkbox"/> Third Party	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Third Party
<input type="checkbox"/> Insurance Broker	<input type="checkbox"/> Administrator	<input type="checkbox"/> Trust Company/Bank	<input type="checkbox"/> Administrator
<input type="checkbox"/> Investment Advisor	<input type="checkbox"/> Trust Officer	<input type="checkbox"/> Investment Advisor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Legal Counsel	<input type="checkbox"/> Other _____		

Please indicate below your interest in the following committees:

Please put a check mark in appropriate box.

<input type="checkbox"/> Program	<input type="checkbox"/> Publicity	<input type="checkbox"/> Significant Issues	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Membership	<input type="checkbox"/> Spring Seminar	<input type="checkbox"/> Accreditation	

The facts listed on this application are true to the best of my knowledge and belief. I have read the requirements printed hereon and certify that I am, in my opinion, eligible to become a member under such requirements.

Signature _____ Date _____

Referred by : _____