



APPLICATION FOR:  New Membership  Renewal of Current Membership

Please print or type

Last Name		First Name		M.I.	Badge (First) Name
Professional Designation(s)			Business Title		
Organization Name			Number of Employees		
Organization Street Address			Business Email Address		
City		State	Zip Code	Office Phone (include area code & extension)	
Organization Web site address			Business Cell (include area code)		

Correspondence will be sent to business email unless otherwise requested HERE:  
 Preferred method for meeting notification:  Email (default)  US Mail  Fax \_\_\_\_\_

**Non-Business** Contact Information (**NOT FOR PUBLICATION**)

_____	( ) _____
Email Address	Phone (include area code)

Indicate the category that most accurately describes your professional role:

**ACTUARY**  
 Consulting firm  Insurance company  Independent  Other \_\_\_\_\_

**ATTORNEY**  
 Law firm  Corporate  Consulting firm  Other \_\_\_\_\_

**CPA**  
 Public practice  Other \_\_\_\_\_

**CONSULTANT OR PLAN ADMINISTRATOR**  
 Consulting firm  Insurance company  Independent  Other \_\_\_\_\_

**EMPLOYER - SPONSOR OF EMPLOYEE BENEFIT PLAN**  
 Corporate  Government  Division/Subsidiary  Other \_\_\_\_\_

**TRUST OFFICER**  
 Bank  Trust Company  Other \_\_\_\_\_

**Applicants for new membership MUST complete the below. Renewing members complete only if your duties have changed significantly during the past year:**

1. Briefly describe your present duties and responsibilities with respect to employee benefits:

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**ALL New Applicants and Renewing Members**

List any other Middle Tennessee HR or Benefits related organizations of which you are a member: \_\_\_\_\_

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I hereby make application for new or renewing membership in the Middle Tennessee Employee Benefits Council and in so doing certify that my current professional duties are primarily in a capacity providing for active involvement with employee benefits that are described by one of the professional categories. As a member of the Council, I agree to attend meetings regularly and to abide by Council by-laws.

\_\_\_\_\_  
Applicant/Renewing Member Signature

\_\_\_\_\_  
Date

**Annual dues in the amount of \$75 must accompany application (No pro-rata).**

Renewal dues of \$75.00 must be submitted by March 31<sup>st</sup>.

**Make checks payable to Middle Tennessee Employee Benefits Council.**

Dues are refunded if application is not approved.

Committee Action:

\_\_\_\_\_ Approved:     Full membership     Associate membership

\_\_\_\_\_ Additional Information requested    \_\_\_\_\_ Denied

Comments \_\_\_\_\_

\_\_\_\_\_  
Membership Chair Signature

\_\_\_\_\_  
Date