



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Non-Business Contact Information (**NOT FOR PUBLICATION**)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

2. Indicate your area(s) of benefits responsibility and estimate the percentage of your time spent in each:

<u>BENEFITS RESPONSIBILITY AREAS</u>	<u>% OF TIME SPENT</u>	<u>BENEFITS RESPONSIBILITY AREAS</u>	<u>% OF TIME SPENT</u>
Actuarial services	_____	Document drafting	_____
Benefit plan accounting	_____	Investment counseling	_____
Benefit plan consulting	_____	Investments	_____
Benefit plan design	_____	Legally-required filings	_____
Brokerage	_____	Litigation	_____
Claims adjudication	_____	Plan administration	_____
Claims processing	_____	Plan implementation	_____
Communications	_____	Recordkeeping	_____
Compliance	_____	Sales/Marketing	_____
Consulting	_____	Other (describe)	_____

ALL New Applicants and Renewing Members

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

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 31st. Renewals after March 31st are \$100.

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 _____