



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Non-Business Contact Information (**NOT FOR PUBLICATION**)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

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 _____

Renewing members only:
 If your professional role or responsibilities have changed significantly during the past membership year, please explain and complete item 2 on page 2: _____

Applicants for new membership only:

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)	_____

3. Obtain below the signature of a current member who recommends you for membership:

This applicant is known to me to be in an active professional capacity with respect to employee benefits, and I recommend him/her for membership in the Middle Tennessee Employee Benefits Council.

Print recommending member's name, organization, and job title

Recommending member's signature

Date

All New and Renewal Applicants

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

I hereby make application for new or renewal membership in the Middle Tennessee Employee Benefits Council and in so doing certify that my current professional duties are 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 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

