



Membership Application

First Name	MI	Last Name
Company Name	Title	
Address		
City	State	Zip + 4
Phone	Fax	E-mail
Home Address		Home Phone
Preferred Mailing and Billing Address		<input type="checkbox"/> Business <input type="checkbox"/> Home

Working ____ Years in:

- Benefits Compensation HRIS HR

Your current primary functional responsibility/specialty: (please check one)

- All HR including Comp. & Benefits HR specialty
 Compensation only (other than comp. /benefits)
 Benefits only Non-HR specialty
 Compensation & Benefits Please specify: _____

What is your current level of responsibility; (please check one)

- Senior - Vice-president, Director, Partner/Principal
 Managerial - Manager, Asst. Director, Consultant, Acct. Mgr.
 Associate level - Analyst, Administrator/Coordinator, Account Rep., Associate

Check the box that best describes the nature of your job. (Please check one.)

- HR role in a company/organization
 Consulting/professional firm
 Sales/marketing/brokerage

How did you hear about PEBA?

- co-worker attended program
 web page friend Other _____

About Your Organization

Type of Business: (please check one)

- | | | | |
|-----------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Education | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Financial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Legal | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other: _____ | | | |

Number of employees in the U.S.:

- | | | |
|----------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> <100 | <input type="checkbox"/> 500-999 | <input type="checkbox"/> 2,500-4,999 |
| <input type="checkbox"/> 100-499 | <input type="checkbox"/> 1,000-2,499 | <input type="checkbox"/> 5,000 and over |

Number of employees worldwide:

- | | | |
|----------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> < 100 | <input type="checkbox"/> 500-999 | <input type="checkbox"/> 2,500-4,999 |
| <input type="checkbox"/> 100-499 | <input type="checkbox"/> 1,000-2,499 | <input type="checkbox"/> 5,000 and over |

Revenue/Sales in millions of dollars:

- | | | |
|------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> < \$100 million | <input type="checkbox"/> \$500-999 million | <input type="checkbox"/> \$3-4.9 billion |
| <input type="checkbox"/> 100-499 million | <input type="checkbox"/> \$1-2.99 billion | <input type="checkbox"/> \$5 billion + |

Membership Category

The annual billing for all members from your company will be addressed to the primary member.

\$135 Individual Membership

Select Member Type:

- Service Provider - Provides products and services to plan sponsors (consulting firms, insurance companies, investment managers, tpa's, law firms)
- Company benefits, compensation and HR staff
- Nonprofit

\$25 Interim Membership

- For members who are not currently employed
- 1 year limit

Student Membership

- Must be a full-time student not currently employed in Human Resources
- Must provide valid student ID

Payment Method

- Check Enclosed Amex Visa Master Card

Account No.: _____ Expiration Date: _____

Cardholder: _____

Signature: _____