



PLAN SPONSOR MEMBERSHIP APPLICATION

This application will allow you to apply or renew you Plan Sponsor membership. Please indicate below if this is a new or renewal application for membership

New Application for Membership **Renewal Application for Membership**

Please print this application and mail along with a check for \$250.00 payable to:

Southern Employee Benefits Conference
3334 Peachtree Road NE Suite 709
Atlanta, GA 30326

If you desire to pay by credit card, please complete the credit card info below.

As a Plan Sponsor applicant for membership in the Southern Employee Benefits Conference, our company acknowledges that we are responsible on a day-to-day basis for the purchase, administration, legal, compliance and/or investing of our employee's benefit plans and our primary business address is in one of the states listed below. We will allow appropriate employees to attend Conferences whenever possible. We will serve on committees if so requested.

As a member of the SEBC, I agree to receive periodic emails from the Southern Employee Benefits Conference

** Required Information*

Business Name: _____

Address: _____

Telephone: _____

Website: _____

Please list your individual members below:

Company Contact: _____

Individual #1: _____

Title: _____

Phone: _____

Email: _____

Individual #2: _____

Title: _____

Phone: _____

Email: _____

Individual #3: _____

Title: _____

Phone: _____

Email: _____

Individual #4: _____

Title: _____

Phone: _____

Email: _____

If you have more than four from your company desiring SEBC membership or have other membership or organizational questions, please contact the SEBC at (404) 812-9132.

Remit all payments to:
Southern Employee Benefits Conference
3334 Peachtree Rd. NE Suite 709
Atlanta, GA 30326
Phone: (404) 812-9132

CREDIT CARDS ACCEPTED: Amer. Expr ___ Discover ___ Master Card ___ VISA ___

Credit Card Number: _____ Expiration Date: _____

Name as appears on card: _____
(Please Print Name)

Signature: _____ Date: _____