
SEBC

Southern Employee Benefits Conference

PLAN SPONSOR MEMBERSHIP APPLICATION

This application will allow you to apply for Plan Sponsor membership. Please print this application off and mail in along with a check for \$250.00 payable to:

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

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

The Geographic area of the Southern Employee Benefits Conference: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

** Required Information*

Business Name: _____

Address: _____

Website: _____

Please list your individual members below:


Company Contact: _____

Individual #1: _____

Title: _____

Phone: _____

Email: _____

List more on the following page 

Individual #2: _____

Title: _____

Phone: _____

Email: _____

Individual #3:

Title: _____

Phone: _____

Email: _____

Individual #4:

Title: _____

Phone: _____

Email: _____

If you have questions regarding membership, please contact SEBC at (404) 812-9132.