



Application for Membership in the Orange County Chapter  
Western Pension & Benefits Conference

COMPLETE BOTH SIDES OF FORM, ATTACH CHECK MADE PAYABLE TO  
WESTERN PENSION & BENEFITS CONFERENCE FOR MEMBERSHIP CATEGORY SELECTED, AND MAIL BOTH TO:  
Western Pension & Benefits Conference – Orange County Chapter  
24881 Alicia Parkway, #E343, Laguna Hills, California 92653-4696  
*Prefer to pay with a credit card? Register online at [www.WesternPension.org](http://www.WesternPension.org).*

The purpose of the conference is to exchange information, advance knowledge and education and foster sound principles, procedures and practices in the field of pension and other employee benefits plans. The Conference shall take no position by resolution or otherwise on any questions. Neither the Conference nor any of its Committees nor representatives acting on behalf of the Conference shall recommend or sponsor any concerted action, program or agreement that will in any way restrict or tend to restrict competition among its members.

Membership Requirements: The Conference exists and shall continue as a group of persons, each of whom is productively, substantially and continuously engaged in work in the field of pension and other employee benefits, who are associated together to advance the purpose of the Conference and thereby increase their ability to effectively serve the interests of their respective clients, employees and the American public. An individual who has been so engaged in work in the field of pension and other employee benefits may become a member.

**MEMBERSHIP APPLICATION**

I hereby apply for membership in the Orange County Chapter of the Western Pension & Benefits Conference. A check representing dues for the membership year of 7/1/2008 through 6/30/2009 indicating the appropriate membership category is enclosed. (Dues are as indicated per membership year, regardless of the date of application.)

- Individual Membership** – all meetings are priced separately \$125\*
- Gold Membership** – all regular monthly meeting fees are prepaid \$375\*
- Corporate Membership** – 3 Gold Memberships \$900  
(A Company may send **any** three employees to attend **any** of the meetings)

**\*Please Note: Individual and Gold membership dues may be discounted \$25 if payment is received by June 30, 2008.**

Gold and Corporate Memberships include regular monthly meetings only.  
Fees for special events such as the Spring Conference are not included.

In support of such application, I submit the following information (please print or type):

Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Title \_\_\_\_\_ Date Employed \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number  
Email Address \_\_\_\_\_  
Description of Present Occupation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS WORK IN THE EMPLOYEE BENEFITS FIELD:**

<u>Employer</u>	<u>Principal Duties</u>	<u>No. of Years</u>

**MEMBERSHIP IN RELATED PROFESSIONAL SOCIETIES AND ORGANIZATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP DATA:**

First year of membership: \_\_\_\_\_

PERCENT OF PRODUCTIVE TIME DEVOTED TO PENSION & EMPLOYEE BENEFITS WORK DURING CURRENT YEAR AND PREVIOUS THREE CALENDAR YEARS:

2007 \_\_\_\_\_%

2006 \_\_\_\_\_%

2005 \_\_\_\_\_%

*Check the single most applicable description for each category:*

**Occupation/Profession**

**Employment Category**

- |                                             |                                                    |                                                      |                                                    |
|---------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Accountant         | <input type="checkbox"/> Manager                   | <input type="checkbox"/> Accounting Firm             | <input type="checkbox"/> Law Firm                  |
| <input type="checkbox"/> Actuary            | <input type="checkbox"/> Marketing Rep             | <input type="checkbox"/> Employer/Plan Sponsor       | <input type="checkbox"/> Stock Broker              |
| <input type="checkbox"/> Administrator      | <input type="checkbox"/> Plan Sponsor              | <input type="checkbox"/> Health Care                 | <input type="checkbox"/> Taft Hartley Trust        |
| <input type="checkbox"/> Benefits Rep       | <input type="checkbox"/> Stock Broker              | <input type="checkbox"/> Insurance Broker            | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Insurance Broker   | <input type="checkbox"/> Third Party Administrator | <input type="checkbox"/> Independent Consulting Firm | <input type="checkbox"/> Trust Company/Bank        |
| <input type="checkbox"/> Investment Advisor | <input type="checkbox"/> Trust Officer             | <input type="checkbox"/> Investment Advisor          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Legal Counsel      | <input type="checkbox"/> Other                     |                                                      |                                                    |

I understand that members of the Western Pension & Benefits Conference are expected to actively participate in its educational activities, and in that connection I intend to attend at least one meeting each year (either a Chapter meeting or the Annual Conference or other special event).

The facts listed on this application are true to the best of my knowledge and belief. I have read the requirements printed hereon and certify that I am, in my opinion, eligible to become a member under such requirements. I understand that my membership is subject to approval by the Board of Directors for the Orange County Chapter of the Western Pension & Benefits Conference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear of us? Referred By \_\_\_\_\_

Through the Website \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_