

WESTERN PENSION & BENEFITS CONFERENCE
SACRAMENTO CHAPTER
NEW MEMBER FORM

COMPLETE BOTH SIDES OF THE FORM, INCLUDING SPONSOR SIGNATURES,
ATTACH CHECK MADE PAYABLE TO
WESTERN PENSION & BENEFITS CONFERENCE FOR \$85 AND MAIL BOTH TO:

J. Michael Goulding, Membership Chair
Western Pension & Benefits Conference
c/o Chang, Ruthenberg & Long pc
620 Coolidge Drive, Suite 350
Folsom, CA 95630

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 benefit plans.

The Conference shall take no position by resolution or otherwise on any question. 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 which 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 interest of their respective clients, employees, employers 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 upon nomination by two members and approval by a Chapter Steering Committee.

MEMBERSHIP APPLICATION

I hereby apply for membership in the Western Pension & Benefits Conference Sacramento Chapter. A check in the amount of \$100.00 representing dues for the period 7/1/08 through 6/30/09, is enclosed. (*Application must be typed or printed*)

In support of such application I submit the following information:

Name _____

Employer _____

Title _____ Date Employed _____

Mailing Address _____

Business phone _____ Fax _____ E-mail _____

Description of Present Occupation _____

PREVIOUS WORK IN THE EMPLOYEE BENEFITS FIELD:

Employer	Principal Duties	No. of Years
1. _____	_____	_____
2. _____	_____	_____

MEMBERSHIP DATA:

First year of membership: _____

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

2007 _____% 2006 _____% 2005 _____% 2004 _____%

Check one only, most applicable, for Occupation/Profession and Employment Category

<u>Occupation/Profession</u>		<u>Employment Category</u>	
<input type="checkbox"/> Accountant 1	<input type="checkbox"/> Manager 9	<input type="checkbox"/> Accounting Firm 1	<input type="checkbox"/> Law Firm 8
<input type="checkbox"/> Actuary 2	<input type="checkbox"/> Marketing Rep. 10	<input type="checkbox"/> Employer/Plan Sponsor 2	<input type="checkbox"/> Stock Broker 9
<input type="checkbox"/> Administrator 3	<input type="checkbox"/> Plan Sponsor 11	<input type="checkbox"/> Health Care 3	<input type="checkbox"/> Taft Hartley Trust 10
<input type="checkbox"/> Benefits Rep. 4	<input type="checkbox"/> Stock Broker 12	<input type="checkbox"/> Insurance Broker 4	<input type="checkbox"/> Third Party
<input type="checkbox"/> Consultant 5	<input type="checkbox"/> Third Party	<input type="checkbox"/> Insurance Company 5	Administrator 11
<input type="checkbox"/> Insurance Broker 6	Administrator 13	<input type="checkbox"/> Indep. Consulting firm 6	<input type="checkbox"/> Trust Company/Bank 12
<input type="checkbox"/> Investment Advisor 7	<input type="checkbox"/> Trust officer 14	<input type="checkbox"/> Investment Advisor 7	<input type="checkbox"/> Other 13
<input type="checkbox"/> Legal Counsel 8	<input type="checkbox"/> Other 15		

I understand that members of the Western Pension & Benefits Conference are expected to actively participate in its educational activities.

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.

Signature _____ Date _____

SPONSOR SIGNATURES

I am acquainted with the named applicant. To the best of my knowledge and belief, the information included in this application is true and correct, and, in my opinion, the applicant is eligible under the membership rules printed hereon. It is my opinion that the admission of the applicant to membership will further the purpose of the Conference as set forth in Rule 1, and I hereby nominate him/her for membership in the Western Pension & Benefits Conference.

1. Name of Member (*type or print*) _____

Company _____ Phone _____

Signature _____

2. Name of Member (*type or print*) _____

Company _____ Phone _____

Signature _____

Chapter Steering Committee action _____ Date _____