



**Certified Government Benefits Administrator
Program
Admission Application**

Name: _____

Entity: _____

Address: _____

City, State, and Zip: _____

Phone: () _____

Fax: () _____

Email: _____

Guidelines are available at www.salgba.com under the Professional Development link.

The fee to join the CGBA program is \$50 and is payable by check, cash or credit card.

Please send completed form and payment to:

SALGBA

Attn. Tina Scott Bowling

PO Box 867, Berea, KY 40403

Fax: 859-623-8694

Email: salgba@salgba.com