

State and Local Government Benefits Association

...the premier organization for public sector benefits professionals

Membership Application—Jurisdictional

Entity _____
Address _____
City, State, Zip _____
Website _____ Phone _____ Fax _____
Total No. of Employees: _____ Total No. of Covered Employees: _____
Total No. of Active Employees Covered: _____ Total No. of Retired Employees Covered: _____
Total No. of Dependents Covered: _____ Annual Benefits Budget: _____
Is your entity self funded? Yes No

Primary Contact _____ Title _____
Email _____ Phone: _____ Fax: _____
Gender: Male Female No. of Years in Benefits Profession: _____
Referred by: _____
Does your job have a professional development requirement? Yes No

**May have up to 5 additional members listed at no additional cost. Submit name, title, address, phone, fax & email on additional sheet along with this application.

What do you most hope to gain from your membership? _____

Membership Descriptions

Jurisdictional Member \$200

A public sector entity actively engaged in administering an employee benefits program.

Entity Type:

- State Entity Local (City or County) Entity Retirement Entity Educational Entity
 Other: _____

Payment Information

The annual membership fee is due with this application. Payment may be made by check and payable to SALGBA, or by credit card. In order to pay by credit card please visit www.salgba.com and process your membership online or download the credit card processing form and return with this application.

Please submit completed application with payment to:

SALGBA
PO Box 867
Berea, KY 40403
Phone: 888-623-8676; Fax: 859-623-8694
salgba@salgba.com

NON-PROFIT EDUCATIONAL ORGANIZATION