

EMPLOYEE BENEFIT ADMINISTRATORS ASSOCIATION

CATHY SANDERSON – VICE PRESIDENT/ TREASURER

c/o: UFCW LOCAL 655 WELFARE FUND

13537 BARRETT PARKWAY DR SUITE 100

MANCHESTER MO 63021

(314) 835-2734

EMAIL: info@EBAAUSA.org

MEMBERSHIP APPLICATION

NAME AND TITLE: _____

MAILING ADDRESSES:

(WORK)

(HOME)

STREET ADDRESS

CITY, STATE, ZIP

PHONE:

EMAIL ADDRESS:

NAME OF BENEFIT FUND:

DOES YOUR BENEFIT OFFICE ADMINISTER THESE BENEFITS?

PLEASE SELECT Y (YES) OR N (NO)

- HEALTH & WELFARE: _____
- PENSION: _____
- VACATION: _____

INITIAL DATE OF EMPLOYMENT:

APPROX # OF SUBSCRIBERS COVERED:

APPROX. # OF COVERED LIVES:

SPECIFIC DUTIES INVOLVING THE FUND(S):

ARE YOU A FULL TIME SALARIED EMPLOYEE OF THE BENEFIT FUND?

YES ____ / **NO** ____

IF NO, PLEASE EXPLAIN: _____

THE GROUP HAS THREE (3) MEETINGS PER YEAR. HOW MANY MEETINGS DO YOU THINK YOU WILL BE ABLE TO ATTEND PER YEAR? _____

THE UNDERSIGNED AGREES, IF THIS APPLICATION IS ACCEPTED, TO BE BOUND BY THE RULES AND BY-LAWS OF THE ASSOCIATION NOW OR HEREAFTER IN FORCE AND EFFECT, AND TO PAY ALL MEMBERSHIP DUES AND ASSESSMENTS AS NOW OR MAY BE HEREAFTER PRESCRIBED BY THE ASSOCIATION.

SIGNED: _____ **DATED:** _____

MEMBERSHIP RECOMMENDATION: YES _____ **NO** _____

CHAIRMAN: _____

MEMBER: _____

DATE ACTED UPON BY MEMBERSHIP: _____