Application for Membership

To apply for membership, please complete this application, have a sponsoring member of IBC complete Part III, then return this application, the annual dues notice, and your check payable to The Indiana Benefits Connection to:

Heidi Chapman
The Indiana Benefits Connection
c/o Krieg DeVault LLP
One Indiana Square, Suite 2800
Indianapolis, Indiana 46204

Name: _____

Address: _____

Firm/Company: _____

City:_____State:_____Zip: _____

E-Mail Address: _____

Phones: Office_____Mobile _____

I. CLASSIFICATION

A) ___	Attorney	D) ___	Plan Administrator
B) ___	Public or Certified Public Accountant	E) ___ F) ___	Employee Benefit Consultant Actuary
C) ___	Asset Manager	G) ___	Trust Administrator

II. ESTIMATED EXPERIENCE/RESPONSIBILITY

Nominee must have had at least two years' experience in or responsibility for the development, financing, funding, or administration of pension, profit sharing, or other employee benefit plans.

A) Current Occupation: _____

B) How Long: _____

C) Prior Occupational Experience: _____

From	To	Firm	Duties

D) Estimate of nominee's business or professional activity spent relative to employee benefit plans:

20% or less_____ 20%-50%_____ Over 50% _____

E) Describe employee benefit plan activities of nominee during last 36 months:

_____

_____

_____

III. SPONSORSHIP

Nominees must be sponsored by one member of the Indiana Benefits Connection.

Sponsor Name _____

A) How long have you known the nominee in a business or professional relationship? _____

B) Have you worked directly with the nominee in the employee benefit plan matters? _____

C) Relative to the specific purpose of this organization, do you believe the nominee to be sufficiently experienced in and committed to the industry to benefit from and contribute to **Indiana Benefits Connection**? _____

I hereby request that, under my sponsorship,_____ be considered for membership in IBC.

SPONSOR:

_____

Signature Name of Employer

APPROVED:

_____ DATE: _____

BOARD OF DIRECTORS