

**ASSOCIATION OF EMPLOYEE BENEFIT PLANNERS OF NEW ORLEANS
MEMBER APPLICATION DATA SHEET**

I. INDIVIDUAL MEMBERSHIP - (\$160) Check if individual membership.

PERSONAL DATA: (If you prefer you may attach your business card.)

Name of Individual: _____

Discipline Category: (check one below)

_____ Accountants	_____ Attorneys	_____ Investment Advisors
_____ Actuaries	_____ Consultants	_____ Life Underwriters
_____ Administrators	_____ Corporate Employers	_____ Trust Officers

Company: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

II. CORPORATE MEMBERSHIP - (\$220) Check if corporate membership.

CORPORATE DATA: (If you prefer you may attach a business card.)

Name of Entity: _____

Discipline Category: (check one below)

_____ Accountants	_____ Attorneys	_____ Investment Advisors
_____ Actuaries	_____ Consultants	_____ Life Underwriters
_____ Administrators	_____ Corporate Employers	_____ Trust Officers

Name of Individual Designee: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

III. WEB LINK - (\$30) Fill in address of website: _____

IV. DINNER MEETING NOTICES WILL BE SENT VIA E-MAIL ONLY

V. TOPIC SUGGESTIONS: If you have a particular interest in certain topics, please indicate the topics below:

(see reverse)

VI. PARTICIPATION

_____ I would be willing to serve on the Board of Directors.

_____ I would be willing to speak on the following topic:

_____ I would be willing to present the "Legislative Update" at one or more meetings.

VII. PROSPECTIVE MEMBERS (Provide name & address of individuals we should include on our mailing list):

VIII. SUGGESTIONS AND/OR COMMENTS: (Please provide comments as to why you or your associates chose to attend or skip AEBP business meetings and any additional suggestions for speakers, new services, activities, etc.)

Return completed form with membership dues (payable to AEBP of New Orleans) to:

Erin J. Benoit
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New Orleans, LA 70112