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**Kathy Doughten**  
Membership

**Jonathan Butcher**  
Sub-Council  
Coordinator

**Jean Watson**  
Immediate Past  
President



LOUISVILLE  
EMPLOYEE  
BENEFITS  
COUNCIL

P.O. Box 70181  
Louisville, KY 40270-0181

www.lebcouncil.com

# Application for LEBC Membership

Membership in the Louisville Employee Benefits Council must be renewed annually.

Type:  New  Transfer\* \_\_\_\_\_  Re-Entry\*\*  
Transferor

Applicant's Name: \_\_\_\_\_

Name as it should appear on tag: \_\_\_\_\_

\* A transfer is a membership that has been paid for by a company and which that company wishes to be filled by another individual; transferor is the previous individual with that membership.

\*\* Re-entry refers to an individual who was formerly a member but ceased participation either by (1) voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership.

<b>Professional Discipline:</b>	Investments
<input type="checkbox"/> Accountant	<input type="checkbox"/> Advisor
<input type="checkbox"/> Actuary	<input type="checkbox"/> Client Services
Administrator (TPA)	<input type="checkbox"/> Marketing
<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Portfolio Manager
<input type="checkbox"/> Retirement Plans	Legal
<input type="checkbox"/> Both	<input type="checkbox"/> Attorney
Consultant	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Health & Welfare	Plan Sponsor
<input type="checkbox"/> Retirement Plans	<input type="checkbox"/> Administrator
<input type="checkbox"/> Both	<input type="checkbox"/> Management
<input type="checkbox"/> Other _____	<input type="checkbox"/> Finance
Insurance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health & Welfare	Trust
<input type="checkbox"/> Retirement Plans	<input type="checkbox"/> Administrator
<input type="checkbox"/> Both	<input type="checkbox"/> Marketing
<input type="checkbox"/> Other _____	<input type="checkbox"/> Finance
	<input type="checkbox"/> Other _____

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of duties/responsibilities relating to Employee Benefits:

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Approximate percentage of time devoted to Employee Benefits: \_\_\_\_\_

Sponsoring LEBC Member: \_\_\_\_\_

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Please mail your completed application with your check to:

Louisville Employee Benefits Council  
P.O. Box 70181  
Louisville, KY 40270-0181

Make check payable to Louisville Employee Benefits Council

Membership Dues:

Payment Date:      Dues Payment:

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Jan. 1-Jun. 30	<input type="checkbox"/> \$ 275.00 ( <i>dues through 12/31</i> )
Jul. 1-Oct. 31	<input type="checkbox"/> \$137.50 ( <i>dues through 12/31</i> )
Nov. 1-Dec. 31	<input type="checkbox"/> \$ 305.00 ( <i>includes next year's dues</i> )

Sub-Council Membership Dues:

Retirement Plan Sub-Council	<input type="checkbox"/> \$120.00
Heath and Welfare Sub-Council	<input type="checkbox"/> \$120.00

Fees appearing on this form are effective through December 31, 2012.

**Total Enclosed Payment for Membership Dues and Sub-Council(s) check marked above:** \_\_\_\_\_

If you need more information, please contact Kathy Doughten, Membership Chair, at 502-992-2774, or by email [kathy.doughten@mcmcpa.com](mailto:kathy.doughten@mcmcpa.com). In addition, any of the Executive Committee Members will be glad to answer questions for you.