



LOUISVILLE
EMPLOYEE
BENEFITS
COUNCIL

P.O. Box 7263
Louisville, KY 40257-7263

www.lebcouncil.org

2025 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.

LEBC Executive Committee

Christine Koenig
President

Ben Evans
Vice President

Tammy Mahoney
Secretary

Carl Lammers
Treasurer

Leisha Gosling
Membership

Taylor Jolly
Immediate Past
President

Professional Discipline:	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: _____

Address: _____

City State Zip: _____

E-mail Address: _____

Phone: _____ Fax: _____

Title: _____

Description of duties/responsibilities relating to Employee Benefits:

Approximate percentage of time devoted to Employee Benefits: _____

Sponsoring LEBC Member: _____

Please mail your completed application with your check to:

Louisville Employee Benefits Council
P.O. Box 7263
Louisville, KY 40257-7263

Make check payable to Louisville Employee Benefits Council

Membership Dues:

Payment Date:	Dues Payment:
Jan. 1-Jun. 30	\$ 440.00 (<i>dues through 12/31</i>)
Jul. 1-Oct. 31	\$ 200.00 (<i>dues through 12/31</i>)
Nov. 1-Dec. 31	\$ 520.00 (<i>includes next year's dues</i>)

Fees appearing on this form are effective through December 31, 2025.

Total Enclosed Payment for Membership Dues marked above: _____

If you need more information, please contact Carl Lammers, Membership Chair, by email at clammers@fbtlaw.com. In addition, all LEBC Executive Committee Members will be glad to answer questions as needed.