

## OCEBC 2019-2020 MEMBERSHIP APPLICATION

I wish to enroll in the Orange County Employee Benefits Council for the 2019-2020 year. I consent to be governed by the bylaws of the Council. The bylaws state that this Council is to be comprised of persons who are productively, substantially and continuously engaged in work in the field of employee benefits and who wish to be associated together to interchange information, advance knowledge and education, and foster sound principles, procedures and practices in the field of employee benefits.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBERSHIP OPTIONS <i>(Membership from Sept. 1, 2019 thru Aug. 31, 2020)</i>	AMOUNT <i>(Single Member)</i>
<b>OCEBC Membership with CE</b> <i>Includes annual membership and continuing education enrollment. Additional fees apply for Breakfast Meetings and other social events.</i>	<b>\$125.00</b>
<b>OCEBC Membership with CE and Food Package</b> <i>Includes annual membership, continuing education enrollment, and prepayment for all Breakfast Meetings. Prepaid breakfasts can be transferred to another colleague from your firm if you are unable to make the meeting.</i>	<b>\$425.00</b>
<b>TOTAL DUE... (Or join online at <a href="http://www.ocebc.org">www.ocebc.org</a>)</b>	

**MEMBER INFORMATION** (For multiple memberships, please copy this page and submit a separate form for each individual. Please provide information as it should be listed in the member directory.)

NAME \_\_\_\_\_ LICENSE.# \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**Required – for OCEBC official member communications**

**Member Type** *(Check One)*

- Broker / Consultant
- Insurance Carrier
- Employer
- Ancillary Only Insurance Carrier
- Physician Group / Medical Group / Hospital Provider
- Legal Firm / CPA
- TPA / HR Benefits
- Other: \_\_\_\_\_

***Thank you for your support of OCEBC by becoming a valued member.***

JOIN ONLINE TODAY AT [WWW.OCEBC.ORG](http://WWW.OCEBC.ORG)

Questions about membership? Email us at [director@ocebc.org](mailto:director@ocebc.org)

**Please remit check payment to:**

ORANGE COUNTY EMPLOYEE BENEFITS COUNCIL  
 1405 WARNER AVENUE, SUITE B  
 TUSTIN, CA 92780

Email Submittals to [director@ocebc.org](mailto:director@ocebc.org)  
 Phone Inquiries (714) 259-1759