

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

- I. **INDIVIDUAL MEMBERSHIP** - (\$150) Check if individual membership.
 NEW - INDIVIDUAL MEMBERSHIP - (\$75) Check if new, first-time individual member.

 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** - (\$200) Check if corporate membership.
 NEW - CORPORATE MEMBERSHIP - (\$150) Check if new, first-time corporate member.

 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:** We are tentatively considering the following topics to be covered at meetings for the upcoming year. If you have a particular interest in certain topics, please indicate the topics below.

- IRS EPCRS Issues
- The Healthcare Environment
- 403(b) Regulations

(see reverse)

- Healthcare Reform Issues
- New Forms 5500 and Electronic Filing Rules

Topics in which you are interested (from above list or write in others):

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 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:**

Brianne S. Rome
Liskow & Lewis
701 Poydras St. Suite 5000
New Orleans, LA 70139