

2010

(December 2009 -  
December 31, 2010)



# MEMBERSHIP APPLICATION

Type of Registration:  New Member Registration  Renewal Registration

Contact Information:

\_\_\_\_\_  
Last Name First Name M/I Professional Designation(s)

\_\_\_\_\_  
Title Company Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Business Phone Ext.

\_\_\_\_\_  
Email Address\*

For questions, please contact:  
Angie King  
859.391.5763  
aaking@fuse.net

Please tell us more about you:

Indicate the areas for which your current job assignment has functional or individual contributor responsibility (please check all that apply).

- Benefits  Compensation  HRIS  Human Resources

What is your current level of responsibility?

- Executive  Director/Manager  Supervisor  Sr. Analyst/Analyst  Consultant  Educator/Academician

To help our Board of Directors serve you better, please answer the following questions:

- What information/services do you want to obtain from our programs?  Compensation Systems  Benefit Programs  
 Recognition/Reward Systems  Legal Issues

Please list other topics of interest to you: \_\_\_\_\_

Payment Options:

Email application to [aaking@fuse.net](mailto:aaking@fuse.net) and pay via paypal at [www.gccbba.com](http://www.gccbba.com).

Mail application and pay with check.  
(Payable to GCCBA, c/o: Angie King, Administrative Coordinator, GCCBA, 1763 Haubner Road, California, KY 41007.)

Membership Dues - Including All 4 Programs - \$140  Membership Dues Only - \$50  Student Membership Only - \$25

Corporate Membership - Including 3 memberships and 3 attendees at all 4 Programs - \$350

I understand that membership in GCCBA is limited to those engaged in professional, educational or managerial activities, or in a professional career path associated with the design, implementation or execution of compensation or benefits programs, policies or procedures. To maintain my membership, I understand that I must continue to meet the above criteria and pay annual dues. Membership is on an individual basis, other than the corporate membership, and is not transferable. Please enclose membership dues with your application.

Amount Enclosed: \$ \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I was referred by: \_\_\_\_\_  
List GCCBA Member Name if Applicable

\*GCCBA will not sell your e-mail address or use it for any other commercial purpose. If you provide an e-mail address, we will use it to distribute GCCBA Announcements and Communications.