

2012

(January 1, 2012 -
December 31, 2012)



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 and pay via paypal at 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.