



Dear Employee Benefit Professional:

How many times have you recently attended a seminar, listened to the newest regulations affecting your business and walked away saying “That’s Great, but how do I change my procedures to handle this?”

The National Association of Professional Benefit Administrators (NAPBA) is an Association that has been created by *Benefit Administrators for Benefit Administrators*. NAPBA was developed to answer the “How to?” questions you may have in handling the administrative issues that impact your clients’ every day.

Why should you become a member of NAPBA?

The National Association of Professional Benefit Administrators (NAPBA) is committed to industry support of effective and meaningful legislative initiatives, networking, training and best practice processes for the employee benefits industry.

Reasons to join NAPBA:

- Administrators training Administrators
- Develop a network of your peers
- Compliance resources from a multi-view, day to day administration
- Reduction in Conference fees and services
- Participate in the Legislative agenda: “*More clout with more voices*”
- Training for your staff at reasonable prices
- Reasonable dues for membership - \$750 per year for your entire company!

Please feel free to contact Megan Purtell in the NAPBA Office with any questions regarding the conference or membership in NAPBA. She can be contacted at (608) 241-2260 or megan@napba.org. Additional information and on-line registration forms can also be found at our website: www.napba.org.

Sincerely,

2007 NAPBA Board of Directors

National Association of Professional Benefit Administrators
4600 American Parkway, Ste 208 Madison, WI 53718
608-241-2260 Fax: 608-241-7790
www.napba.org



NATIONAL ASSOCIATION OF PROFESSIONAL BENEFITS ADMINISTRATORS

APPLICATION FOR MEMBERSHIP

Apply for: Primary Membership Associate Membership (Vendor) (Circle One)

Organization Name:

Type of Organization: (Section 125 Administrator, COBRA Administrator, Vendor, etc.)

Organization Contact: Title: (Should be a principal or executive of the organization)

Street Address

City: State: Zip:

Contact Phone: Fax:

Contact E-Mail:

Please list any and all subsidiaries of your organization:

Table with 3 columns: Company Name, Company Name, Company Name

Please list other associations and similar organizations that your company is a member of, or affiliated with:

Table with 3 columns: Association, Association, Association

Please attach to this application:

- A copy of your company's ownership and organizational chart; A copy of your mission statement; and business-marketing materials that would explain the types of products you represent to the marketplace.



NATIONAL ASSOCIATION OF
PROFESSIONAL BENEFITS
ADMINISTRATORS

Membership Contacts

Please list below other members in your organization who you would like to receive NAPBA emails, eNews, and upcoming events.

Name	Phone	Email

Payment Information

PRIMARY MEMBERSHIP DUES \$750.00

ASSOCIATE (Vendor) MEMBERSHIP DUES \$750.00

Please invoice my organization for the Primary or Associate Membership

Enclosed is my check for \$750 made payable to:
National Association of Professional Benefit Administrators (NAPBA)

Please charge my: VISA MasterCard
(Please circle one)

Account # _____ Exp. Date _____

Cardholders Name (print) Signature _____

Card Address _____

City _____ State _____ Zip _____

Return payment and form to: NAPBA 4600 American Parkway, Suite 208
Madison, WI 53718 608/241-2160 Fax: 608/2417790

napba@napba.org

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