



2017-2018 MEMBERSHIP APPLICATION

Please type or print information. We are required to notify you that none of the LEBC dues are for lobbying expenses.

NAME: _____

Early Bird Membership Fee \$209 (If paid in full by October 18, 2017)

Regular Membership Fee \$243 (If paid on or after October 18, 2017)

Please make your check payable to: **Lexington Employee Benefits Council, Inc.**

COMPANY: _____

OFFICE ADDRESS: _____

PHONE NUMBER: (____) _____

E-MAIL ADDRESS: _____

OCCUPATION: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

MEMBERSHIP TYPE: CORPORATE PERSONAL

***Only one attendee allowed per month per corporate membership. Additional attendees will be assessed a guest fee.

If you would like to pay your Membership Dues by credit card, please complete the information below:

Name on card: _____ Card Number: _____

Expiration Date: _____ CVC on back of card: _____ Zip Code _____

Paying for: Membership Fee Monthly Luncheon Amount: _____

NOTE: Guest Fee is normally \$30 December Meeting ONLY – Guest Fee \$40

Please return application and payment to:

Lexington Employee Benefits Council, Inc.

P. O. Box 301

Lexington, KY 40588

Questions? Contact - Monica Lykins – monica.lykins@unifiedtrust.com