



**2016-2017 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 19, 2016)

**Regular** Membership Fee \$243 (If paid after October 19, 2016)

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.

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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](mailto:monica.lykins@unifiedtrust.com)