



MEMBERSHIP APPLICATION

*Annual dues for January through December, are \$100 per person.
Please complete the following information:*

New Member Application

Renewing Member Application

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

MEMBERSHIP DUES ENCLOSED: \$ _____
(make checks payable to In-House Benefits Counsel Network)

Please Mail Membership Form
and Payment to:

IBCN
P.O. Box 37
Villanova, PA 19085