

OCEBC 2021 MEMBERSHIP APPLICATION

I wish to enroll in the Orange County Employee Benefits Council for the 2021 year. I consent to be governed by the bylaws of the Council. The bylaws state that this Council is to be comprised of persons who are productively, substantially and continuously engaged in work in the field of employee benefits and who wish to be associated together to interchange information, advance knowledge and education, and foster sound principles, procedures and practices in the field of employee benefits.

SIGNATURE _____

DATE _____

MEMBERSHIP OPTIONS <i>(Membership from January 1, 2021 thru December 31, 2021)</i>	AMOUNT <i>(Single Member)</i>
OCEBC Membership <i>Includes annual membership and members only webinar series. Additional fees apply for Breakfast Meetings and other social events. (Originally \$125.00, for 12 months)</i>	\$50.00
TOTAL DUE... (Or join online at www.ocebc.org)	

MEMBER INFORMATION (For multiple memberships, please copy this page and submit a separate form for each individual. Please provide information as it should be listed in the member directory.)

NAME _____ LICENSE.# _____

COMPANY _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

MOBILE _____ OPT IN for 2 text messaging per month

EMAIL _____

Required – for OCEBC official member communications

Member Type *(Check One)*

- Broker / Consultant
- Insurance Carrier
- Employer
- Ancillary Only Insurance Carrier
- Physician Group / Medical Group / Hospital Provider
- Legal Firm / CPA
- TPA / HR Benefits
- Other: _____

Thank you for your support of OCEBC by becoming a valued member.

JOIN ONLINE TODAY AT WWW.OCEBC.ORG

Questions about membership? Email us at director@ocebc.org

Please remit check payment to:

ORANGE COUNTY EMPLOYEE BENEFITS COUNCIL
360 E. 1ST STREET, #992
TUSTIN, CA 92780

Email Submittals to director@ocebc.org
Phone Inquiries (714) 259-1759