

International Pension and Employee Benefits Lawyers Association (IPEBLA)

Two-Year Membership Application

Please complete this form and mail, e-mail or fax along with payment to:
International Pension and Employee Benefits Lawyers Association [IPEBLA]
IPEBLA Management Office
c/o Redstone Agency Inc.
150 Eglinton Ave. E., Suite 402, Toronto, ON, Canada M4P 1E8
tel: +1 416 693 7775 • toll-free: +1 866 444 3387 [North America only]
e-mail: contactIPEBLA@redstoneagency.ca

Please type or print clearly

Form with fields: Name: Mr./Ms./Dr., Position/Title, Company/Organization, Business Mailing Address, City, Province/State, Country, Postal/ZIP Code, Telephone, Fax, E-mail, Company/Org. Website

Please note that your name, and unless directed otherwise by you, the other information noted above will be entered into IPEBLA's Membership Directory which will be distributed to IPEBLA members exclusively.

I am:

- a current IPEBLA member renewing my membership - €250 EUR or \$345 USD
a new IPEBLA member - €250 EUR or \$345 USD

The USD figure is correct at the date of downloading this form. It may be changed for applications if exchange rates alter materially.

A new member receives the latest electronic issue of the IPEBLA quarterly journal International Pension Lawyer, a Comparative Survey of Pension Law Issues and a password giving access to the Members Only sections of IPEBLA's website at www.ipebla.org.

METHOD OF PAYMENT

Please note:

- Online payment is available at www.ipebla.org.
Gross funds should be remitted if paid by wire transfer.
Direct payment to the Dutch ABN AMRO bank account 50.84.93.579 of International Pension & Employee Benefits Lawyer Association IPEBLA.

Credit Card: [] VISA [] MasterCard [] Wire Transfer [] Cheque []

Total Amount Paid (please choose one) : [] \$345 USD [] €250 Euro

*** Manual credit card payment are processed in USD Only

Credit Card Number: _____ Expiration date: _____

Name on card: [please print] _____

Signature: _____

MEMBERSHIP QUALIFICATIONS

Membership of IPEBLA is open to individuals holding a law degree or a professional legal qualification who practice, consult or teach in the pension or employee benefits area. Please sign this form to certify that you qualify for IPEBLA membership.

Signature: _____ Date: _____

Legal Qualifications: _____