



One-Year Membership Application

IPEBLA Management Office
 1 Eglinton Ave. E., Suite 705, Toronto, ON, Canada M4P 3A1
 tel: +1 416 693 7775 • toll-free: +1 866 444 3387 [North America only]
 e-mail: contactIPEBLA@redstoneagency.ca

Please type or print clearly

Name:			
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. This information will also be available in the 'members only' section on IPEBLA's website.

I am:

- a current IPEBLA member renewing my membership – €175 EUR or \$207 USD or \$270 CAD
- a new IPEBLA member – €175 EUR or \$207 USD or \$270 CAD

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:

- **IPEBLA prefers payment by Electronic Funds Transfer (EFT). We offer a 5% discount on membership dues paid by EFT.**
- **Gross funds must be received; members are responsible for any transaction fees related to payment by wire transfer.**
- **Please see our website for payment options in euros / USD / CAD.**

Credit Card: VISA MasterCard Wire Transfer PayPal EFT

Total Amount Paid (please choose one): \$207 USD €175 EUR \$270 CAD

*** Manual credit card payments are processed in USD only.

Credit Card Number: _____ Expiration date: _____ CVV: _____

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: _____