



MEMBERSHIP APPLICATION

ORGANIZATION CONTACT INFORMATION:

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

PRIMARY ORGANIZATION REPRESENTATIVE (to be placed on the CBA mailing list):

NAME: _____ TITLE: _____

If different from above: PHONE: _____ EMAIL: _____

ADDITIONAL INDIVIDUALS INTERESTED IN RECEIVING GENERAL INFORMATION

*Please note: If the chief executive officer (CEO) or chief administrative officer (CAO) is not listed above, please include his/her information in the list below. The CEO (or CAO) of the organization is the voting representatives to the CBA. (Please attach a list with name, title and email for each person if more room is needed):

NAME:	TITLE:	EMAIL:
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION:

Please provide a short summary of your organization or your mission:

PLAN IN EXISTENCE SINCE: _____

DENOMINATIONAL AFFILIATION (if any): _____



Affiliated organizations (please list all that apply regardless of their CBA membership status): _____

Indicate the types of plans maintained by your organization (403(b), defined benefit plan and/or health plans):

How did you hear about the CBA (if a CBA member, please tell us who)? _____

TOTAL PLAN ASSETS MANAGED (including health & pension benefit plans):

TOTAL CURRENT PLAN ASSETS*: _____

*Please note, CBA membership dues are based on reported plan assets. This information is collected through an annual survey. If assets are not reported, CBA will assume a growth of 3% per year.

CBA Membership Dues Schedule:

<u>ASSETS RANGE</u>	<u>ANNUAL DUES</u>
< \$50 million	\$ 750
\$50 million - \$100 million	\$ 1,200
\$100 million - \$200 million	\$ 1,500
\$200 million - \$300 million	\$ 1,850
\$300 million - \$500 million	\$ 2,500
\$500 million - \$1 billion	\$ 3,000
\$1 billion - \$3 billion	\$ 6,000
\$3 billion - \$10 billion	\$ 9,000
> \$10 billion	\$ 12,000

Have you ever applied for membership in the CBA in the past?

Yes

No

By signing below:

- *I certify that the organization is (i) exempt from federal income tax under Code Section 501(c)(3) and responsible for the administration of a church benefit plan of a religious denomination or association of churches; (ii) otherwise described in Code Section 414(e)(3), or (iii) engaged in similar activities and approved for membership by the Executive Committee.*
- *I certify that the plan assets are as indicated above.*
- *I understand that temporary membership may be granted by the Executive Committee, pending final ratification by the general membership at the Corporation's Annual Meeting.*

SIGNATURE: _____ DATE: _____

Please return application to: