

MEMBERSHIP APPLICATION

Email Form

Print Form

NOTE: PLEASE PRINT this form, fill it out, and mail with your payment to the address given at the bottom of this application.

Please check one of the following:

New Application For Membership

Renewal of Current Membership

Name _____

Position Title _____

Company Name _____

Work Phone _____ Fax # _____

Company Address _____

E-Mail Address* _____

Referred By _____

*Notification of meetings will be sent by email.



North Florida
Compensation
& Benefits
Association

PROFESSIONAL EXPERIENCE IN:

Compensation _____ Years Benefits _____ Years

Check If: CCP CBP Other Certification(s) _____

If currently working on CCP/CBP, which WorldatWork course(s) would you like to see NFCBA sponsor?

Description Of Current Duties / Responsibilities:

What Topics Are Of Particular Interest To You?

I hereby apply for New Membership Membership Renewal in the NFCBA, and mail \$125 for annual dues.
After July 1, mail \$62.50; After October 1, mail \$31.25

I pledge to practice and to uphold the Association By-Laws and assist in carrying out the objectives of the Association.

Signature

Date

Please mail membership dues (made payable to North Florida Compensation & Benefits Association) to:
NFCBA, P.O. Box 5802, Jacksonville, FL 32247

For North Florida Compensation & Benefits Association Use Only:

Membership dues paid by: Cash Check Date payment received: _____