



# MEMBERSHIP APPLICATION

THE ERISA INDUSTRY COMMITTEE

1400 L Street, N.W. Suite 350 Washington, DC 20005 Tel (202) 789-1400 Fax (202) 789-1120 www.eric.org

Company \_\_\_\_\_

Member Representative \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_ Company web address \_\_\_\_\_

Referred by \_\_\_\_\_

Name

Company

- Type of Industry:
- Banking/Financial Services
  - Insurance
  - Utility
  - Consulting
  - Retail
  - Other \_\_\_\_\_
  - Industrial
  - Transportation

Number of Employees \_\_\_\_\_ Number of Plan Participants \_\_\_\_\_

Briefly describe the type of employee benefit plans offered to the majority of your company's employees (defined benefit and/or defined contribution pension plans, 401(k), health care coverage, retiree medical, other).

Please list your company's memberships in other employee benefits organizations (The Business Roundtable, Employee Benefit Research Institute, the National Association of Manufacturers, U.S. Chamber of Commerce).


*On behalf of my company, I hereby apply for membership in The ERISA Industry Committee.*

Signature

Date