**Membership Application**

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| **Thank you** |

Member support makes it possible for EBRI to serve its mission of contributing to sound employee benefit programs and public policy through independent, objective, fact-based research and education. Thank you for your support!

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| **Membership Information** |

**Organization Name:** Click or tap here to enter text.

**Membership Level**

Sustaining/Trustee ($32,000/year)

Primary ($17,000/year)

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| **Payment Information** |

Please note that the Employee Benefit Research Institute (EBRI) is exempt from federal income tax under section 501(c)(6) of the Internal Revenue Code). EBRI does not lobby on the federal or state level.

**Form of Payment**

ACH – Please email [accounting@ebri.org](mailto:accounting@ebri.org) for further instructions.

Via Payment Portal – If your company requires use a procure-to-pay system, such as Ariba, Concur, Coupa, Jaggerea, Scout RFP or Tradeshift, please [send us details and a point of contact](mailto:accounting@ebri.org?subject=Member%20Dues%20Payment%20via%20Procure-to-Pay%20System) so we can process payment.

Wire

Check – Please contact [accounting@ebri.org](mailto:accounting@ebri.org) to obtain the correct mailing address.

We respectfully request you choose a form of electronic payment, if possible.

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| **Our Key Contacts in Your Organization** |

Please indicate below the primary representative(s) for your organization. Primary representatives are our main points of contact for EBRI membership.

During our Membership Kickoff Call, we’ll discuss additional representatives for your organization, along with survey and research center representatives, if applicable.

**Primary representative:**

Name and Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Primary representative:**

Name and Title:

Address:

Address:

Phone: Click or tap here to enter text.

Email address:

**If applicable, please designate a separate billing contact below:**

Name and Title:

Address:

Address:

Phone:

Email address: Click or tap here to enter text.

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| **Next Steps** |

Please complete this application and return it to [memberships@ebri.org](mailto:membership@ebri.org)

Once we receive your application, we will contact the primary representative(s) listed above to schedule Membership Kickoff Call.

Thank you for your support of EBRI -- we look forward to working with you.