



ASSOCIATE MEMBERSHIP FORM

ORGANIZATION INFORMATION

Membership in SALGBA is Organization based and good for one year from date joined. The Associate Membership Fee is currently \$325.

COMPANY NAME: _____

Physical Address	
City, State, Zip	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Website	

Check Services Provided:

<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	Consulting
<input type="checkbox"/>	Third Party Administrator
<input type="checkbox"/>	Pharmaceutical (PBM)
<input type="checkbox"/>	Dental Insurance
<input type="checkbox"/>	Vision Insurance
<input type="checkbox"/>	Software Management
<input type="checkbox"/>	Voluntary Benefits
<input type="checkbox"/>	Behaviorial Health
<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Other

How did you hear about SALGBA?

ORGANIZATION MEMBERS/CONTACTS

Each organization can list up to 6 individuals to receive full membership privileges with one designated as the primary contact to receive ballots and one designated as the dues contact to receive renewal notices via email.

Primary Contact

Name	
Title	
Email	
Phone	
Fax	
Address	
City, State, Zip	

Dues Contact

Name	
Title	
Email	
Phone	

Additional Members:

Name		Name	
Title		Title	
Email		Email	
Phone		Phone	

Name		Name	
Title		Title	
Email		Email	
Phone		Phone	

PAYMENT INFORMATION

The annual membership fee of \$325 is due with this application. Payment may be made by check (payable to SALGBA) or credit card by completing a credit card form.

Please send membership applications to:

SALGBA
PO Box 867
Berea, KY 40403

Contact:

Phone: 888-623-8676

Fax: 859-623-8694

Email: tina.bowling@salgba.org