



CENTRAL VIRGINIA EMPLOYEE BENEFITS COUNCIL (CVEBC)

Membership Application

Name _____

Date _____

Employer _____
[No organization may have more than 5 members at any given time.]

Employer Address _____

Telephone Number: Work _____

Home _____

Fax Number _____

E-mail Address _____

Have you applied for CVEBC membership before?

Yes No

If yes, date you last applied _____

Classification (Check primary profession – or, if you provide more than one professional service, order your profession/service by primary, secondary, etc.):

Actuary

Attorney

Auditor

Bank/Trust Company Plan Advisor

Business Valuation Consultant/Appraiser

Certified Public Accountant

Custodian

Financial Services Company Plan Advisor

Investment Advisor

Investment/Brokerage House Plan Advisor

Investment Manager

Insurance Company Plan Advisor

Pension/Employee Benefits Consultant

Third Party Administrator/Plan Recordkeeper

Trust Officer

Other: (Please Describe) _____

Employee Benefits Areas of Particular Interest to You:

- Accounting Services
- Actuarial Services
- Appraisal/Business Valuation/Services
- Audit Services
- Banking Services
- Benefits Consulting Services
- Brokerage Services
- Claims Administration Services
- Custodial Services
- Executive Compensation
- Financial Planning Services
- Investment Advisory Services
- Investment Management Services
- Insurance Products and Services
- Health and Welfare Benefit Plans
- Legal Services
- Nonqualified Plans
- Plan Administration Services
- Plan Recordkeeping Services
- Qualified Retirement Plans
- Stock and Stock-Based Compensation
- Trust and Trustee Services
- Other: (Please Describe) _____

Please provide a brief description of services that you provide in the employee benefits area:

Do you provide the above services on a daily basis? Yes No

If not daily, what is the frequency? _____

Have you reviewed the enclosed CVEBC membership information? Yes No

What percentage of your time do you spend working in the employee benefits area? _____%
[Minimum of 10% for CPAs/Accountants; Minimum of 50% for all others]

You were Referred/Asked to Apply by: _____

Please provide any other information that may be useful to CVEBC review of your application:

What types of programs and speakers would be of interest to you?

Fees

No application/initiation fee need accompany your application. If your application is approved, the CVEBC will bill you for the meetings remaining for the fiscal year (which begins on September 1st and ends on August 31st). Regular annual dues are \$125 per year (dues increase by \$10 as of 10/1). Meetings are *generally* held the 1st Wednesday of September, December, March and June each year.

Signature of Applicant

_____ I do not wish to be contacted via social media.

Membership application (or questions) should be addressed to:

Susan Murphey
Vice President, Membership
Irongate Capital Advisors
Susan.murphey@irongate-capital.com
(804) 327-0478

COUNCIL USE ONLY	
Approved by Board on	_____
Signature	_____
Category Classification Code	_____
Signature of President	