



Date completed: \_\_\_\_\_

# COMPENSATION & BENEFITS NETWORK of Greater St. Louis

## MEMBERSHIP APPLICATION

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First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Alternate telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Web \_\_\_\_\_

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If you are being sponsored, please include sponsoring member information:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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Please submit this application with payment of \$150 for one Program year. Applications should be mailed to Compensation & Benefits Network, P.O. Box 50080, St. Louis, MO 63105

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