

International Pension and Employee Benefits Lawyers Association (IPEBLA)

Membership Application

Please complete this form and mail, e-mail or fax along with payment to:
International Pension and Employee Benefits Lawyers Association [IPEBLA]

IPEBLA Management Office
c/o Managing Matters Inc.

720 Spadina Avenue, Suite 202, Toronto, Ontario M5S 2T9 Canada
tel: +1 416 693 7775 • toll-free: +1 866 444 3387 [North America only]

fax: +1 416 929 5256 • e-mail: contactIPEBLA@managingmatters.com (for general inquiries)

Please type or print clearly

Form with fields: Name: Mr./Ms./Dr., Position/Title, Company/Organization, Business Mailing Address, City, Province/State, Country, Postal/ZIP Code, Telephone, Fax, E-mail, Company/Org. Website

Please note that your name, and unless directed otherwise by you, the other information noted above will be entered into IPEBLA's Membership Directory which will be distributed to IPEBLA members exclusively. This information will also be available in the 'members only' section on IPEBLA's Web Site.

I am:

- [X] a current IPEBLA member renewing my membership – €108 EUR or \$140 USD
[X] a new IPEBLA member – €108 EUR or \$140 USD

Membership is effective until December 31, 2010. Upon payment of your membership dues you will receive copies of the IPEBLA quarterly journal International Pension Lawyer, an IPEBLA membership directory and a password entitling you to access the Members Only sections of IPEBLA's website at www.ipebla.org.

METHOD OF PAYMENT

Please note:

- > Online payment is available at www.ipebla.org.
> Gross funds should be remitted if paid by wire transfer.
> Direct payment to the Dutch ABN AMRO bank account 50.84.93.579 of International Pension & Employee Benefits Lawyer Association IPEBLA.

Credit Card: [] VISA [] MasterCard [] American Express [] Wire Transfer [] Cheque

Total Amount Paid (please choose one) : [] € 108 Euro [] \$140 USD

*** Manual credit card payment are processed in USD Only

Credit Card Number: _____ Expiration date: _____

Name on card: [please print] _____

Signature: _____

MEMBERSHIP QUALIFICATIONS

Membership of IPEBLA is open to individuals holding a law degree or a professional legal qualification who practice, consult or teach in the pension or employee benefits area. Please sign this form to certify that you qualify for IPEBLA membership.

Signature: _____ Date: _____

Legal Qualifications: _____