



Employee Benefits Association of Northern Illinois

INVOICE
Membership for 2011-2012

Total Due

Individual Membership.....\$25.00*
(September 2011 through August 2012)

**If Membership is paid or postmarked by September 21, 2011, the September Luncheon will be free.*

Please return this invoice and check made payable to EBANI to:

EBANI
Attn: Membership Chairperson
P. O. Box 4093
Rockford, IL 61110-0593

Please complete the following information for inclusion in the EBANI Membership Directory.

Name: _____

Title: _____

Employer: _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Type of Business: _____

Are you interested in volunteering on a committee this year or becoming a future EBANI Board Member? Yes _____ No _____