



Western Pension & Benefits Council San Francisco Chapter Membership Application

Contact Name/Title: _____ Job Title: _____

Company: _____

Primary Mailing Address: _____

City: _____ State/Zip Code: _____

Phone #: _____ Email: _____

Email address: _____

Company Website: _____

Membership Types – Return Completed Form with Check or Attached Credit Card Authorization

- **San Francisco Chapter Member - \$150**
Any individual member
- **Individual Membership PLUS 5 Regular Chapter Meetings - \$350**
Any individual member (includes complimentary passes to all Chapter Meetings)
- **Plan Sponsor Membership Package - \$425**
Available to Plan Sponsor and Human Resources professionals only (5 total memberships in package)
 - **Plan Sponsor Additional Member - \$50**
6th and all subsequent membership added to the Plan Sponsor Membership Package
- **Retired 25 Year Member - \$50**
- **Regulatory Agency Employee Members - Complimentary**

1900 Point West Way, Suite 222
Sacramento, CA 95815-4706
Phone: (415) 730-5479
Fax: (916) 487-7105
www.wpbcsanfrancisco.org
Email: info@wpbssf.org



-ACCOUNTING USE ONLY-

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE ALL INFORMATION – PLEASE TYPE or PRINT CLEARLY

1 CREDIT CARD TYPE – PLEASE SELECT ONE

- Visa
- MasterCard
- American Express
- Discover

2 CARD INFORMATION – PLEASE COMPLETE ALL SECTIONS

Card Number _____

Expiration Date _____ **CVV Code:** _____

Cardholder Name _____

Company Name _____

Cardholder Address _____

City, Prov./State _____

Postal Code _____

Telephone Business _____ **Fax** _____

E-mail _____

3 CHARGE DESCRIPTION -

Item/Event _____

Event Date(s)/ _____

- _____
- _____
- _____
- _____
- _____

4 CARDHOLDER AUTHORIZATION - Please sign

I acknowledge these charges as described above. I agree to pay such amount in accordance with the current terms of the Card Issuer.

X

Cardholder Signature _____
Date

Please fill out and FAX to 916-487-7105 ONLY