



Orange County Compensation and Benefits Association

Application for Membership

Membership is on an individual or corporate basis and is open to those engaged in the management and/or administration of compensation and benefit programs. If you have any questions about membership, please contact us at membership@occaba.org.

Our membership year runs June 1 through May 31

Save time - complete an online application and pay via PayPal at www.occaba.org

Select membership level desired:

- Individual Membership - \$65**; if you are joining after our membership year has begun, we now offer prorated individual memberships. For the prorated cost please contact membership@occaba.org.
- M&M – Memberships & Meetings – \$180** includes individual membership and all 6 meetings prepaid.
- Corporate Membership - \$180**; includes up to 6 members per company and excludes the cost of breakfast meetings. Each individual on a corporate membership should complete this application.

Name of person paying for corporate membership: _____

Please provide all of the following information:

Name _____ Job Title _____

Certification CCP CBP SPHR PHR Other (Please specify) _____

Company _____

Business Address _____ City, Zip _____

Phone _____ Fax _____

Contact Email _____

Home Address _____ City, Zip _____

We require both a business address and a home address. Your name, job title, company name, phone and fax numbers, and email address will be published in our website member directory at www.occaba.org. OCCABA will not publish your address information and we do not rent or sell our mailing list. All meeting announcements are sent via email. Please keep your contact information current during the year by using the "[Update Your Information](#)" link on the website.

Please provide a brief description of your responsibilities:

How did you learn of OCCABA?

- OCCABA website Colleague Referral Previously a Member WorldatWork
- LinkedIn Other (Please specify): _____

Before signing this application, please read the Standards of Professional Conduct on our website.

Signature: _____ Date: _____

If you are paying by check, please make your check payable to "OCCABA" and mail it with this completed application to: OCCABA, P.O. Box 17736, Irvine, CA 92623-7736.

Tax I.D. #90-0425934. If your company requires a W-9 form, please send your request to: membership@occaba.org.

Please note: no membership refunds will be issued