Orange County Compensation and Benefits Association

Application for Membership

Membership is on an individual basis and is open to those engaged in the management 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.

Select membership level desired:

☐ **Individual Membership** - **$75**

☐ **M&M – Memberships & Meetings** – **$190:** includes individual membership and all 6 meetings prepaid. (*This reflects a savings of $35.00 for the current membership year*)

☐ **Corporate Membership** - **$225**; includes up to 6 members per company and does not include the cost of breakfast meetings. (See Page 3 to add Corporate Members #2 - #6)

Meeting fees – 2011/2012 membership year

	OCCABA member	Non-member
With RSVP	$25.00	$45.00
At the door	$30.00	$50.00

Please provide all of the following information:

Name _____ Job Title _____

Certification ☐ CCP ☐ CBP ☐ Other (Please specify) _____

Company _____

Business Address _____ City, Zip _____

Phone _____ Fax _____

Email _____

Home Address _____ City, Zip _____

For WorldatWork benefit discounts, we request both a business address and a home address. Your name, job title, company name, phone number and email address will be published in our 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 indicate which address you prefer to be used for receiving any OCCABA mailings (check one):

☐ Home Address ☐ Business Address

How did you learn of OCCABA?

☐ Website ☐ Colleague Referral ☐ WorldatWork ☐ Previously a Member

☐ Other (Please specify): _____

Before signing this application, please read the Standards of Professional Conduct on the following page.

Signature: _____ Date: _____

If you are paying by check, please make your check payable to "OCCABA" and mail it along with this completed application to: OCCABA, P.O. Box 17736, Irvine, CA 92623-7736. You may also pay online at www.occaba.org and e-mail your completed form to membership@occaba.org.

Reference: 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.

Orange County Compensation and Benefits Association

Standards of Professional Conduct

As a member of the Orange County Compensation and Benefits Association (OCCABA), I will conduct myself in a manner consistent with the following principles while performing professionally related activities:

- To practice the highest standards of integrity in my relationships with my employer and in my business dealings with other individuals in the field.
- To maintain the highest standards of confidentiality with respect to information entrusted to me and in my business dealings with others in the field.
- To recognize the proprietary interest of the Association in the use of its name, membership list, symbols and copyrights.
- To ensure that my professional affiliations are not used improperly to secure personal advantage or to promote personal business interests.
- To accept my obligation to foster programs which recognize individual rights, privileges, contributions, and opportunities without regard to race, religion, creed, national origin, sex, age, disability, or other factors prohibited by law.
- To accept my obligation to support the purpose and objectives of OCCABA as delineated in its Bylaws.

This code of conduct has been adopted to promote and maintain the highest levels of ethical conduct in the compensation and benefits professions. Adherence to these standards is required for membership in OCCABA.

Our Bylaws are available for review at our website: **www.OCCABA.org**.

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Application for Corporate Membership

Please provide contact information for up to five additional members. The company name and mailing address for Corporate Member #1 on the front of this invoice will be used for all six members.

	Corporate Member #2
Name:	
Title:	
Phone:	
Fax:	
Email:	
	Corporate Member #3
Name:	
Title:	
Phone:	
Fax:	
Email:	
	Corporate Member #4
Name:	
Title:	
Phone:	
Fax:	
Email:	
	Corporate Member #5
Name:	
Title:	
Phone:	
Fax:	
Email:	
	Corporate Member #6
Name:	
Title:	
Phone:	
Fax:	
Email:	