



Bluegrass Compensation
ASSOCIATION

P.O. Box 54867 • Lexington, Kentucky • 40555-4867
EIN: 31-1540969

Membership Application - please type or print

Name	Certifications Held
Title	Preferred Contact Method <input type="checkbox"/> Employer <input type="checkbox"/> Home
Employer	
Employer Address	Home Address
City, State ZIP	City, State ZIP
Work E-mail	Personal E-mail
Work Phone	Home Phone

Membership is on an individual basis and is open to those engaged in the practice of compensation and benefits programs.

Briefly describe your compensation and benefits responsibilities:

Signature

Date

Dues are \$50.00 per calendar year. Please make your check payable to Bluegrass Compensation Association and mail with this application to:

BCA Membership/Treasurer
PO Box 54867
Lexington, KY 40555-4867