

## My Better Benefits

### Application for Company Membership

#### PLEASE PRINT OR TYPE

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (+4): \_\_\_\_\_ - \_\_\_\_\_

Web address: \_\_\_\_\_

Parent Company: \_\_\_\_\_

(If Applicable)

Your organization should designate *at least* one mBB representative to whom all mail, etc., from mBB is sent. This is usually the person within your organization who has direct responsibility for Employee Services, Benefits, or Recreation programs.

#### **OUR BBC REPRESENTATIVE WILL BE:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel (w/ext): \_\_\_\_\_ Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

As the mBB Rep he/she will be responsible for the distribution of discount information to all your employees on an ongoing basis. And we *strongly suggest a backup* to the individual above. Someone else to receive and distribute news, etc., when the primary rep is out of the office.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel (w/ext): \_\_\_\_\_ Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

#### **HR Director, Manager, or VP (highest local contact, not corporate) if different than above**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel (w/ext): \_\_\_\_\_ Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

#### **PLEASE PROVIDE US WITH THE NAME OR NAMES OF THE INDIVIDUALS RESPONSIBLE FOR MEETING PLANNING, ARRANGING SUMMER PICNICS, ETC. AT YOUR COMPANY**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel (w/ext): \_\_\_\_\_ Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

#### **YOUR CEO IS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

We would like to know a little more about your organization. Please share with us:

Number of local employees: \_\_\_\_\_ Number of employees worldwide: \_\_\_\_\_

Type of Product or Services: \_\_\_\_\_

Our company/organization began in: \_\_\_\_\_ Do you operate a company store? Yes \_\_\_\_ No \_\_\_\_  
Year

**If you were referred by a current mBB member, please tell us their name and the business they represent. We offer a referral reward to all mBB members who help us recruit new members (*this now includes you so start referring*):**

Do you plan to participate in the ticket consignment program and keep some tickets for summer attractions, car washes, movies, etc., on site for employee purchase or do you anticipate having all employees purchase any tickets/coupons directly through the mBB? The former offers your employees maximum convenience. The later takes you out of the loop of handling tickets and funds. This is for informational purposes only. You may *ALWAYS* change your mind.

\_\_\_\_\_ Yes, we might participate in the consignment ticket program

\_\_\_\_\_ We anticipate having our employees purchase all tickets directly through the mBB office.

mBB makes available online ID cards that your employees can print off. We also distribute business card size, heavy paper stock ID cards to our member companies at no charge. ID cards are good for a single calendar year (Jan – Dec).

**DUES:** The cost for membership varies depending upon your employment base. Current annual dues guidelines may be found here: <https://www.mybetterbenefits.org/membershipcosts.htm>. Do note that these levels are based upon your “local employment” so if your company or organization has multiple locations in different states or regions, those #s will not influence your annual dues. Those employees, however, may take advantage of our program using your electronic membership materials at no additional cost. Reach out to us via email or by phone to find out what the membership dues for your company would be as our Board may consider modifications depending upon your company’s organizational structure.

Membership runs from January – December of each year and may be pro-rated depending upon when your organization joins. Renewal notices for subsequent years are typically sent in October – early November. Company membership is automatically renewed for the following year unless you notify the mBB office by November 15 of your intent not to renew.

Please accept this application and notify me of any problems/concerns. You may either mail or **e-mail** this application (we suggest e-mail). You are encouraged to submit this application electronically. A printed name in the signature line will be deemed as evidence of official approval if submitted electronically.

\_\_\_\_\_  
Representative’s Signature

\_\_\_\_\_  
Date

**My Better Benefits**  
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