

Application for Affiliate Membership

Membership in ASPPA must be renewed annually.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____ (provide company name, even if home address is noted below) Company Owner's Name(s): _____

I am the owner of the business noted above.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

ASPPA membership labels are sold upon request. Please check the box if you do not want your name and address distributed.

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code: _____ (for government affairs purposes)

E-mail Address: _____ (for ASPPA asap newsletter delivery) Date of Birth: _____

Professional Credentials (choose all that apply):

- | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> AAMS | <input type="checkbox"/> ARPC | <input type="checkbox"/> CFP | <input type="checkbox"/> CLU | <input type="checkbox"/> CRC | <input type="checkbox"/> EA | <input type="checkbox"/> MSFS | <input type="checkbox"/> RFP | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> AEP | <input type="checkbox"/> ARPS | <input type="checkbox"/> CFS | <input type="checkbox"/> CMFC | <input type="checkbox"/> CRPC | <input type="checkbox"/> ERPA | <input type="checkbox"/> PFS | <input type="checkbox"/> RIA | _____ |
| <input type="checkbox"/> APA | <input type="checkbox"/> CEBS | <input type="checkbox"/> ChFC | <input type="checkbox"/> CPA | <input type="checkbox"/> CRS | <input type="checkbox"/> Esq. | <input type="checkbox"/> RFC | <input type="checkbox"/> RP | _____ |
| <input type="checkbox"/> APR | <input type="checkbox"/> CFA | <input type="checkbox"/> CIMA | <input type="checkbox"/> CRA | <input type="checkbox"/> CRPS | <input type="checkbox"/> MCRS | | | _____ |

Position (choose the one that most closely describes your position):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Manager/Prod Sales | <input type="checkbox"/> Staff/Prod Sales |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Investment Advisor | <input type="checkbox"/> Manager/Technical | <input type="checkbox"/> Staff/Technical |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Institutional Broker | <input type="checkbox"/> New Business Development | <input type="checkbox"/> Student |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance Broker/Agent | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Third Party Admin |
| <input type="checkbox"/> Consultant/Plan Design | <input type="checkbox"/> Investment Manager | <input type="checkbox"/> President | <input type="checkbox"/> Third Party Admin-Producer |
| <input type="checkbox"/> Daily Conversion Specialist | <input type="checkbox"/> Manager/Admin | <input type="checkbox"/> Plan Administrator | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Daily Processor/Recordkeeper | <input type="checkbox"/> Manager/Supervisor | <input type="checkbox"/> Registered Representative | <input type="checkbox"/> Wholesale Mutual Fund |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Staff/Admin | |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Manager/Marketing | <input type="checkbox"/> Staff/Marketing | |

Type of Business (choose the one that most closely describes your type of business):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Other Financial Services Company | <input type="checkbox"/> Investment Firm | <input type="checkbox"/> Plan Sponsor |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Industry Training Provider | <input type="checkbox"/> Recordkeeping Company |
| <input type="checkbox"/> Brokerage Firm | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal Firm | <input type="checkbox"/> Third Party Admin Firm |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Mutual Fund Company | <input type="checkbox"/> Third Party Admin – Producing TPA |
| <input type="checkbox"/> Computer/Software Firm | <input type="checkbox"/> Investment Consulting Firm | <input type="checkbox"/> Other Consulting Firm | |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Other: _____ | |

How did you hear about ASPPA:

- Advertisement (specify): _____ Other: _____
 Conference (specify): _____ Referred by: _____
 Web search: _____

Code of Ethics:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

No Yes (If yes, explain on a separate attachment.)

I have read the Code of Professional Conduct and if my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: _____ Date: _____

Payment Information: ASPPA Benefits Council Members take a \$50 discount on the first year's dues payment.

Payment Date:

- Jan. 1-Jun. 30
Jul. 1-Oct. 31
Nov. 1-Dec. 31

Dues Payment:

- \$414 (dues through 12/31) \$50 Retired or Government Employee
 \$207 (dues through 12/31) \$75 Student (must include copy of paid tuition bill to prove full-time student status)
 \$414 (includes next year's dues)

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725. Fees appearing on this form are no longer valid after December 31, 2010. After this time, contact the Membership Department to confirm the appropriate fees. Questions? Please call us at 703.516.9300 or visit us on the Web at www.asppa.org.



4245 North Fairfax Drive, Suite 750
Arlington, VA 22203
P 703.516.9300 F 703.516.9308
www.asppa.org