

National Association of Plan Advisors

2011/2012 Firm Partner Application

Primary Contact

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

Administrative Contact

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

Type of Business *(Choose the one that most closely describes your business)*

- Broker-Dealer RIA Record Keeper Defined Contribution Investment Only
(A majority of our Registered Representatives are advisors who are primarily in the business of providing investment advisory services to plan sponsors and/or individual investors) Both Record Keeper & DCIO Non-Record Keeping TPA Other _____

2011/2012 Firm Partner Dues

As a 2011/2012 NAPA Firm Partner, an unlimited number of your Employees, Registered Representatives and/or Investment Advisory Representatives (IARs) may enroll and receive full NAPA membership benefits at no cost to them through December 31, 2012, a savings of \$395 per member.

Enter your firm's dues based on the table below: _____

Total Employees, RRs and IARs in the Firm*	Firm Dues through 12/31/12	Total Employees, RRs and IARs in the Firm*	Firm Dues through 12/31/12
1-5	\$500	501-1,000	\$10,000
6-25	\$1,000	1,001-2,000	\$12,500
26-50	\$2,500	2,001-3,000	\$15,000
51-250	\$5,000	3,001-5,000	\$20,000
251-500	\$7,500	5,000+	\$25,000

* Vendors or providers that also own a broker-dealer in which a majority of its Registered Representatives are advisors who are primarily in the business of providing investment advisory services to plan sponsors and/or individual investors must join as a separate firm.

Payment Contact: *(if different from Administrative Contact)*

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 E-mail Address: _____

Payment Type

- Send me an invoice
 I will transfer my payment electronically to NAPA *(instructions will be emailed to Payment Contact upon receipt of signed application)*
 I will pay by Credit Card
 Mastercard Visa Amex Discover
 Name as it appears on card: _____
 Card No.: _____
 Exp. Date: _____

Please enroll my firm as a NAPA Firm Partner through December 31, 2012. I understand that an unlimited number of our Employees, Registered Representatives and/or Investment Advisory Representatives (IARs) may enroll and receive full NAPA membership benefits at no cost to them through December 31, 2012, a savings of \$395 per member. In addition, by joining before January 15, 2012 my firm will be listed as a "NAPA Founding Partner" on NAPA and ASPPA 401(k) SUMMIT marketing materials. I also understand that we may renew our Firm Partner status automatically by checking the box below.

- Auto Renewal

Signature: _____ Printed Name _____
 Title: _____ Date: _____

Please fax your completed application to **703.516.9308** or mail it to: NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725. Questions? Contact Jeff Hoffman, Sr. Director of Business and Membership Development at jhoffman@asppa.org or **703.516.9300**.

Tax Deductions:

Dues, contributions or gifts to NAPA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2011, 27% of your dues are non-deductible in accordance with this provision.



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