

Application for Affiliate Membership

Membership in ASPPA must be renewed annually.

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

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

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: _____ Date of Birth: _____
(for ASPPA asap newsletter delivery)

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:

Dues Payment:

\$99 (dues through 12/31/10)

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Special membership offer valid only through July 23, 2010. Please mail your completed application by then to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725 or fax it to 703.516.9308, attn: Jeff Hoffman. To join after July 23rd, contact the Membership Department for the appropriate membership fee. Questions? Please call us at 703.516.9300 or visit us on the Web at www.asppa.org.