



2024 Membership Application

1. Personal Information (Please Print, Required *)

First Name* Middle Initial Last Name* Suffix (Jr. Sr., etc.)

Position/Title

Are you an ASPPA/NAPA/NTSA Member: Yes No ASPPA/NAPA/NTSA Member # _____

ASPPA Designation (QKA, MSPA, etc.) Category₁ Non-ASPPA Designations (CFP, EA, etc.)

2. Contact Information (Please Print, Required *)

Your contact information will not be shared with anyone outside of ASPPA. Your home contact information will be used in the event we are unable to contact you at your place of business. It will also be used to track the congressional districts in which our members reside.

Business Name* Business Type₂

Business Address Business City Business State Business Zip

Business Phone* Business Fax Business Email*

Home Address Home City Home State Home Zip

Home Phone Home Fax Home Email

3. Membership Information (Please Check All That Apply) – membership through 12/31/2024

Memberships run on a calendar year basis and should be renewed each January.

- Individual Membership:** National ASPPA/NAPA/NTSA Members \$50 and Non-ASPPA/NAPA/NTSA Members \$100
- Corporate Membership:** \$350 Base Payment

- Base payment for 10 employees. \$35 is required for each additional employee thereafter.
- Please attach an additional application with only Sections 1 and 2 completed for each employee under your Corporate Membership – see **Page 2 and make additional copies as necessary.**

4. Payment Information (Total Payment of \$ _____ for _____ individual(s))

Please return your completed application to: tinman@ameritas.com:

If paying by check please return your completed application with check to:

ASPPA Benefits Council of Greater Cincinnati
 c/o Tracy Inman
 342 Sir Edward Drive
 Hamilton, Ohio 45013

Make checks payable to: **ASPPA Benefits Council of Greater Cincinnati**

(If you wish to pay by credit card, see Page 3 for additional instructions)

¹ Position Categories: Accountant, Actuary, Attorney, Executive/Officer, Manager/Admin, Manager/Marketing, Manager/Product, Manager/Technical, Staff/Admin, Staff/Marketing, Staff/Product Sales, Staff/Technical, Other.

² Business Type: Accounting, Actuarial/Employee Benefits Consulting, Bank/S&L, Computer/Software, Educational, Insurance, Investment Advisory, Law, Recordkeeping, TPA, Other.

2024 Membership Application – Additional Corporate Member

1. Personal Information (Please Print, Required *)

First Name* Middle Initial Last Name* Suffix (Jr. Sr., etc.)

Position/Title

Are you an ASPPA/NAPA/NTSA Member: Yes No ASPPA/NAPA/NTSA Member # _____

ASPPA Designation (QKA, MSPA, etc.) Category Non-ASPPA Designations (CFP, EA, etc.)

2. Contact Information (Please Print, Required *)

Your contact information will not be shared with anyone outside ASPPA. Your home contact information will be used in the event we are unable to contact you at your place of business. It will also be used to track the congressional districts in which our members reside.

Business Name* Business Type₁₂

Business Address Business City Business State Business Zip

Business Phone* Business Fax Business Email*

Home Address Home City Home State Home Zip

Home Phone Home Fax Home Email

2024 Membership Application – Additional Corporate Member

1. Personal Information (Please Print, Required *)

First Name* Middle Initial Last Name* Suffix (Jr. Sr., etc.)

Position/Title

Are you an ASPPA/NAPA/NTSA Member: Yes No ASPPA/NAPA/NTSA Member # _____

ASPPA Designation (QKA, MSPA, etc.) Category Non-ASPPA Designations (CFP, EA, etc.)

2. Contact Information (Please Print, Required *)

Your contact information will not be shared with anyone outside ASPPA. Your home contact information will be used in the event we are unable to contact you at your place of business. It will also be used to track the congressional districts in which our members reside.

Business Name* Business Type₁₂

Business Address Business City Business State Business Zip

Business Phone* Business Fax Business Email*

Home Address Home City Home State Home Zip

Home Phone Home Fax Home Email

2024 Membership Application – Credit Card Payment

Payment Information (Total Payment of \$ _____ for _____ individual(s))

Visa MasterCard American Express Discover

Credit Card # _____ Expiration _____

Name on Credit Card (Please Print Legibly) _____

Authorized Signature _____

Thank you for supporting ASPPA Benefits Council of Greater Cincinnati