



**A Regional Affiliate of the American Society
of Pension Professionals & Actuaries**

2010 Membership Application

1. Personal Information: (Please Print)

First name	Middle Initial	Last Name
Suffix (Jr., Sr., etc.)	ASPPA Designation (QPA, CPC, MSPA, etc.)	Non-ASPPA Designation (CPA, CFP, EA, Etc.)
Years of Experience	Position/Title	Category

ASPPA Member: Yes No

2. Contact Information: (Please Print)

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

Business Name	Business Type**	
Business Address		
Business City	Business State	Business Zip
Business Phone	Business Fax	Business E-Mail
Home Address	Home City/State	Home Zip
Home Phone	Home Fax	Home E-Mail

3. Member Information: Provides ABC of Dallas/Fort Worth membership through _____
 Note: Memberships are not transferable. (mm/dd/yyyy)

New Membership - Individual Renewal Membership
 Individual Membership Corporate Membership

Would you be interested in assisting on any ABC committees and projects? Yes No

4. Payment Information: Total Payment of \$ _____ (See attached membership dues schedule)

Method of Payment: Check enclosed. Make check payable to ABC of Dallas/Fort Worth
 Visa MasterCard American Express Discover

Credit Card # _____ Expiration _____

Name on Credit Card (Please Print Legibly) _____

Authorized Signature _____

Please return your completed application with payment to the ABC Dallas/Fort Worth, ATTN: Tonia McBride

Please attach additional pages with all the requested information for any additional individuals to be included on this application. For further information, please visit our website at: dfw-abc.org

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

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

Schedule of Annual Membership Dues

Individual Membership

ASPPA Member:	\$40
Non-ASPPA Member:	\$80

Corporate Membership

\$250 plus \$25 per member for an unlimited number of members, regardless of ASPPA membership

Note: First member must submit application with \$275 membership fee, and each additional member must submit application with \$25 membership fee.

Government Member

\$25 per member

Please fax or e-mail the form to:

Tonia McBride, QPA
214-871-0011 (Fax)
[*tmcbride@lgt-cpa.com*](mailto:tmcbride@lgt-cpa.com)
214-461-1504 (DL)