

American Society of Pension Professionals & Actuaries

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)

Title: _____ I am the owner

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: _____

Professional Credentials (choose all that apply):

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

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Investment Professional - 401(k) Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Investment Professional - 403(b)/457 Plan | _____ |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Plan Administrator or Consultant | _____ |

Role (choose the one that most closely describes your role):

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

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

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

How did you hear about ASPPA:

- | | |
|---|---|
| <input type="checkbox"/> Advertisement (specify): _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conference (specify): _____ | <input type="checkbox"/> Referred by: _____ |
| <input type="checkbox"/> 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 ASPPA 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 ASPPA Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: _____ Date: _____

Payment Information: ASPPA Benefits Council Members require 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:

- | | |
|--|--|
| <input type="checkbox"/> \$450 (dues through 12/31) | <input type="checkbox"/> \$50 Retired or Government Employee |
| <input type="checkbox"/> \$225 (dues through 12/31) | <input type="checkbox"/> \$75 Full-time Student (must include copy of paid tuition bill) |
| <input type="checkbox"/> \$450 (includes next year's dues) | <input type="checkbox"/> \$30 Add NAPA Benefits to ASPPA Membership |
| | <input type="checkbox"/> Add NTSAA Benefits to ASPPA Membership (no charge) |

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 or fax it to 703.516.9308. Fees appearing on this form are no longer valid after December 31, 2012. After this time, contact the ASPPA Customer Support Department to confirm the appropriate fees. Questions? Please call us at 800.308.6714 or visit us on the Web at www.asppa.org.

Tax Deductions:

Dues, contributions or gifts to ASPPA 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 2012, 22% of your dues are non-deductible in accordance with this provision.



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www.asppa.org