

American Society of Pension Professionals & Actuaries Application for Affiliate Membership

Membership in ASPPA must be renewed annually.

Join Now!
Questions?
Call 800-308-6714

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

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

Title: _____ I am the owner

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code (for government affairs purposes): _____

Email Address: _____ Date of Birth: _____

Which professional credentials do you hold? (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"/> MCRS | <input type="checkbox"/> RFP | |

Which position best describes your work?

- | | | |
|--|--|---|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Attorney | <input type="checkbox"/> TPA/Plan Administrator |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Home Office (BD, RIA, DCIO) | <input type="checkbox"/> Wholesaler (External) |
| <input type="checkbox"/> Advisor — 401(k) | <input type="checkbox"/> Institutional Trainer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Advisor — 403(b)/457 Plan | <input type="checkbox"/> Recordkeeper | |

Which business most closely describes your place of employment?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Investment Consulting | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Investment Provider | <input type="checkbox"/> TPA — Producing |
| <input type="checkbox"/> Bank/Savings & Loan | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Brokerage | <input type="checkbox"/> Industry Training | <input type="checkbox"/> Mutual Fund/DCIO | |
| <input type="checkbox"/> Computer/Software | <input type="checkbox"/> Insurance Agency | <input type="checkbox"/> Plan Sponsor | |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Insurance Provider | <input type="checkbox"/> Recordkeeper | |

Code of Conduct:

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 receive 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:

\$541 (dues through 12/31)
 \$270.50 (dues through 12/31)
 \$541 (includes next year's dues)

\$50 Retired or Government Employee
 \$75 Full-time Student (must include copy of paid tuition bill)
 Add NAPA Membership (\$50 one-time charge)
 Add NTSAA Membership (\$50 one-time charge)

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Remit Payments:

Paying by check? Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

Paying by credit card? Please fax your completed application to 703.516.9308 or email accountsreceivable@usareirement.org.

Dues appearing on this application are not valid after December 31, 2018.

Questions? Please call us at 800.308.6714.

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 2018, 20% of your dues are non-deductible in accordance with this provision.



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