

National Association of Plan Advisors

Application for Membership

Apply Now!
Questions?
Call 800.308.6714

Membership in NAPA must be renewed annually.

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

Company: _____ Title: _____
(provide company name, even if home address is noted below)

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 position best describes your work?

401(k) Advisor Wholesaler (External) TPA Home Office (DCIO, RIA, Broker-Dealer) Accountant Attorney Other: _____

Broker-Dealer or RIA Affiliation:

Broker-Dealer: _____ RIA: _____
(Broker-Dealer Name) (RIA Firm Name)

Business Model:

Fee Only Commission Only Hybrid Fee and Commission

Top 3 Provider Affiliates: (please list)

Number of Defined Contribution Plans:

Less than 10 10-25 26-100 More than 100

DC Experience:

What year did you start with DC plans?

Defined Contribution Assets Under Management:

Less than \$1 million \$10 Million – \$24.9 Million \$75 Million – \$99.9 Million More than \$1 Billion
 \$1 Million – \$4.9 Million \$25 Million – \$49.9 Million \$100 Million – \$149.9 Million
 \$5 Million – \$9.9 Million \$50 Million – \$74.9 Million \$150 Million – \$1 Billion

Primary Market Served Based on Plan Assets:

Less Than \$5 Million \$5 Million – \$15 Million \$16 Million – \$50 Million \$51 Million – \$100 Million More Than \$100 Million

Licenses:

Series 6 Series 7 Series 24 Series 26 Series 63 Series 65 Series 66 Life Insurance Health Insurance

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: _____

Dues Information:

Payment Date:	Affiliated with a Firm Partner*:	Not Affiliated with a Firm Partner:
Jan. 1 – June 30	<input type="checkbox"/> (Dues waived through 12/31/2015)	<input type="checkbox"/> \$395
July 1 – Oct. 31	<input type="checkbox"/> (Dues waived through 12/31/2015)	<input type="checkbox"/> \$195
Nov. 1 – Dec. 31	<input type="checkbox"/> (Dues waived through 12/31/2015)	<input type="checkbox"/> \$395 (Include Next Year's Dues)

*Not sure if you are affiliated with a NAPA Firm Partner? Call 800.308.6714

I am paying by Check Money Order Mastercard Visa Amex Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Please fax your completed application to 703.516.9308 or mail it to NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725.
Questions? Please call us at 800.308.6714 or email customer@napa-net.org.

Tax Deductions:

Dues, contributions or gifts to NAPA 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 2015, 20% of your dues are non-deductible in accordance with this provision.



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