

Group Membership Application

Company & Contact Information

CORPORATE INFORMATION:

Company Name _____

Type of Firm: _____

Length of Time Company Has Been In Business: _____

Company Address: _____

City/State/ZIP: _____

Telephone: (____) _____ FAX: (____) _____

Company website URL: _____ E-Mail: _____

PRINCIPAL/CEO CONTACT INFORMATION:

Name: _____ Title: _____

Telephone: (____) _____ Ext. _____ E-Mail: _____

OPERATIONS/BILLING CONTACT INFORMATION:

Name: _____ Title: _____

Telephone: (____) _____ Ext. _____ E-Mail: _____

RESEARCH/PRACTICE MANAGEMENT CONTACT INFORMATION:

Name: _____ Title: _____

Telephone: (____) _____ Ext. _____ E-Mail: _____

Group Membership Tiers

- | | | | |
|--------------------------|--------------------------|-------|---|
| <u>Tier One</u> | <input type="checkbox"/> | \$250 | Recognition in FPA's member directory
Recognition at FPA's annual conference
Recognition with the local chapter
FPA firm member logo
15% Discount on FPA membership dues |
| <u>Tier Two</u> | <input type="checkbox"/> | \$500 | Recognition in FPA's member directory
Recognition at FPA's annual conference
Recognition with the local chapter
FPA firm member logo
15% Discount on FPA membership dues
10% Discount on all FPA conference registrations
One complimentary Career Center listing |
| <u>Tier Three</u> | <input type="checkbox"/> | \$750 | Recognition in FPA's member directory
Recognition at FPA's annual conference
Recognition with the local chapter
FPA firm member logo
15% Discount on FPA membership dues
15% Discount on all FPA conference registrations
One complimentary Career Center listing
One complimentary 2010-2011 Salary Survey Report |

Payment Details

Promotion Code: _____

Membership Dues \$ _____

Total Amount Due \$ _____

Check (make payable to FPA)

Visa MasterCard American Express Discover

Total Amount Paid \$ _____

Cardholder Name _____

Card Number _____

Expiration Date _____

Signature _____

Date _____

Terms and Conditions

As a Group Member of FPA, _____, agrees to:
(Company Name)

[1] Cooperate with and abide by FPA's Institutional Code of Conduct.

[2] Embrace the FPA Primary Aim to be the community that fosters the value of financial planning and advances the financial planning profession.

[3] Avoid representing to anyone that FPA sanctions, approves, endorses, or serves as a reference for any company, its affiliates or its products/services.

FPA in return will provide the stipulated benefits for Group Membership. Those benefits can be amended over time by FPA Board of Directors.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND WILL ABIDE BY THE AGREEMENT. Agreed to by:

Signature _____ Date: _____

Printed Name: _____ Title: _____

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Mail: 4100 E. Mississippi Ave, Ste 400
Denver, CO 80246

Submit application and payment to:

E-Mail: Membership @FPAnet.org

Phone: 800.322.4237
Fax: 303.759.0749