



7535 East Hampden Ave., Suit 600
 Denver, CO 80231
 800.322.4237 • 303.759.4900 • Fax: 303.759.5617
 E-mail: LucySolomon@FPAnet.org • www.FPAnet.org

SECTION C. Description of Company Services

(30-40 word maximum. Please attach a separate sheet if necessary. This will be used for your MarketPlace listing.)

SECTION D. Business Activities

(Check all that apply-indicate primary business)

- | | | | | |
|-------------------------------------|--|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Banking | <input type="checkbox"/> Marketing | <input type="checkbox"/> Pension & Trust Services | <input type="checkbox"/> Software |
| <input type="checkbox"/> Education | <input type="checkbox"/> Independent Broker-Dealer | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Practice Management | |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Insurance | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Publishing | |

Other (specify) _____

Does your company market your product/service at trade shows? Yes _____ No _____

Does your company place trade advertising? Yes _____ No _____

Does your company work with FPA local chapters or participate in any of their activities? Yes _____ No _____

SECTION E. Agreement Conditions

As an Institutional 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 Institutional 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:

Officer's Signature _____ Date _____
 Officer's Printed Name _____ Title _____

Please submit your first year's annual dues with this membership application. Your application will not be processed until payment is received. If membership is denied, a full refund will be made promptly.

Please submit to:
 Lucy Solomon, Fulfillment Coordinator
 Financial Planning Association
 7535 East Hampden Ave., Suite 600 Denver, CO 80231
 800.322.4237 | Lucy.Solomon@FPAnet.org

Please Bill Me.* Signature _____ Title _____

*I understand that by signing the above line and checking the "Bill Me" option, I have renewed Institutional Membership for my company and that my company will be liable for the full amount of membership dues. My Institutional membership has been extended for 12 months following expiration of my current membership. This membership is noncancelable and no refunds, pro rata or otherwise, will be made. By signing this option, all rights and benefits of Institutional membership in the Financial Planning Association will continue uninterrupted and my company will be invoiced and payment expected within 30 days of receipt of the invoice.

NOTICE: Dues, contributions or gifts to FPA are not deductible as charitable contributions for federal income tax purposes, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that FPA engages in lobbying. The non-deductible portion of dues for 2011-2012 is 8.43 percent. For circulation audit purposes, FPA is also required to inform you that \$47.25 of each individual membership that is signed up under the Corporate membership goes toward a subscription to the Journal of Financial Planning. This amount is nondeductible from your dues.

For Internal Use Only

Approved and accepted for Institutional Membership:
 Approving Officer _____ Title _____ Date _____