



2018 Membership Application

1. Personal Information (Please Print, Required *)

First Name*	Middle Initial	Last Name*	Suffix (Jr., Sr., etc.)
Yes or No (<i>Circle One</i>)*		ASPPA Member #	ASPPA Designations (QKA, MSPA, etc.)
Are you a National ASPPA Member?			
Position/Title	Category ₁	Non-ASPPA Designations (CFP, EA, etc.)	

2. Contact Information (Please Print, Required *)

Your contact information will not be shared with anyone outside ASPPA. Your home contact information will be used in the event we are unable to contact you at your place of business. It will also be used to track the congressional districts in which our members reside.

Business Name*	Business Type ₂		
Business Address	Business City	Business State	Business Zip
Business Phone*	Business Fax	Business E-Mail*	
Home Address	Home City	Home State	Home Zip
Home Phone	Home Fax	Home E-Mail	

3. Membership Information (Please Check All That Apply)

Memberships run on a calendar year basis and should be renewed each January.

- Individual Membership:** National ASPPA Members \$50 and Non-ASPPA Members \$100
- Corporate Membership: \$350 Base Payment:**
 - o Base payment provides for 10 employees. \$35 is required for each additional employee thereafter.
 - o Please attach an additional application with only Sections 1 and 2 completed for each employee under your Corporate Membership.
 - o The ABC Corporate Membership now includes a hotlink image of your Company Logo to the ABC of Greater Cincinnati Website that will link our professional organization's web-page to your Corporate Website. To activate this additional membership benefit please log on to www.asppacincinnati.com and contact the ABC of Greater Cincinnati Vice President of Membership.
- Early Registration Corporate Membership Discount (Register by January 31, 2018): \$300 Base Payment**
 - o Base payment provides for 10 employees. \$30 is required for each additional employee thereafter.

4. Payment Information (Total Payment of \$ _____ for _____ individual(s))

Check enclosed, or Charge my Visa, Master Card, or American Express:

Card Number	Expiration
Print Name As It Appears on Card	Signature of Cardholder

Please return your completed application with payment to:
ASPPA Benefits Council of Greater Cincinnati
 c/o Pension Corporation of America
 Attn: Patty Perry
 2133 Luray Avenue
 Cincinnati, OH 45206

If you are paying by credit card, you may email the application to VPofMembership@asppacincinnati.com. Please feel free to contact us at www.asppacincinnati.com and thank you for supporting ASPPA Benefits Council of Greater Cincinnati.

1 Position Categories: Accountant, Actuary, Attorney, Executive/Officer, Manager/Admin, Manager/Marketing, Manager/Product Sales, Manager/Technical, Staff/Admin, Staff/Marketing, Staff/Product Sales, Staff/Technical, Other.

2 Business Types: Accounting, Actuarial/Employee Benefits Consulting, Bank/S&L, Computer/Software, Educational, Insurance, Investment Advisory, Law, Recordkeeping, TPA, Other.

2018 Membership Application – Additional Corporate Member

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Yes or No (<i>Circle One</i>)*			
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Position/Title	Category ₁	Non-ASPPA Designations (CFP, EA, etc.)	

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Business Address	Business City	Business State	Business Zip
Business Phone*	Business Fax	Business E-Mail*	
Home Address	Home City	Home State	Home Zip
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Business Name*	Business Type ₂		
Business Address	Business City	Business State	Business Zip
Business Phone*	Business Fax	Business E-Mail*	
Home Address	Home City	Home State	Home Zip
Home Phone	Home Fax	Home E-Mail	