ASPPA Benefits Council™
Greater Cincinnati

2012 Membership Application

1. Personal Information[1] (Please Print, Required *)

First Name* | Middle Initial | Last Name* | Suffix (Jr., Sr., etc.)

Yes or **No** *(Circle One)**

Are you a National ASPPA Member? | ASPPA Designations (QKA, MSPA, etc.) | Non-ASPPA Designations (CFP, EA, etc.)

Birth Date* | Position/Title | Category[2]

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[3]

Business Address | Business City | Business State | Business Zip

Business Phone* | Business Fax | Business E-Mail*

Home Address | Home City/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:

- Base payment provides for 10 employees. $35 is required for each additional employee thereafter.
- Please attach an additional application with only Sections 1 and 2 completed for each employee under your Corporate Membership.
- 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.

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, Attn: Clare Peirce, ABC of Greater Cincinnati Vice President of Membership, 2133 Luray Avenue, Cincinnati, OH 45206**. If you are paying by credit card, you may fax the application to **"Attention Clare Peirce", at (513) 281-1799**. Please feel free to contact us at www.asppacincinnati.com and thank you for supporting ASPPA Benefits Council of Greater Cincinnati.

1 Your initials and birth date will be used as your unique identifier in our database. If you are not comfortable disclosing your age, please provide the actual month and day with the year rounded to the nearest decade, i.e. 1950, 1960, etc.

2 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.

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