



ASPPA Benefits Council™
Greater Cincinnati
2010 Membership Application

1. Personal Information₁ (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:** \$325 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.

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: Paula Somori-Arnold, UNIFI Retirement Plans, MS-12, 1876 Waycross Road, Cincinnati, OH 45240**. If you are paying by credit card, you may fax the application to **“Attention Paula Somori-Arnold”, at (513) 595-5418**. 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.