

Apply Now!
Questions?
Call 800-308-6714

National Association of Plan Advisors Application for Membership

Membership in NAPA must be renewed annually. Employees or advisors affiliated with a Firm Partner should register for membership at www.napamember.org. Your Firm Partner will provide you with the required partner code for membership. A complete list of current Firm Partners is located at www.napa-net.org.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Firm: _____ Title: _____
(provide company name, even if home address is noted below)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code (for Government Affairs purposes): _____

Email Address: _____ Date of Birth: _____

I am applying for membership as an:

Advisor* Non-Advisor

* Advisors must provide a CRD number and the majority of your business must be providing advisory/investment services direct to plan sponsors/investors, not through intermediaries.

Broker-Dealer or RIA Affiliation:

Broker-Dealer: _____ RIA: _____
(Broker-Dealer Name) (RIA Firm Name)

Licenses:

Series 6 Series 7 Series 24 Series 26 Series 63 Series 65 Series 66 Life Insurance Health Insurance

CRD Number: _____
(required for Advisor applicants)

Code of Conduct:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

No Yes (If yes, explain on a separate attachment.)

I have read the NAPA Code of Professional Conduct and if my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the NAPA Code of Professional Conduct, please call the NAPA office to request one.)

Signature: _____ Date: _____

Payment Information:

Payment Date:

Jan. 1 – June 30
July 1 – Oct. 31
Nov. 1 – Dec. 31

Dues Payment:

\$495
 \$248
 \$495 (Includes next year's dues)

Add NTSA Membership (\$50 annually)

I am paying by: Check Money Order Credit Card

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Please fax your completed application to 703.516.9308 or mail it to NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725 or email accountsreceivable@usaretirement.org.
Questions? Please call us at 800.308.6714. Dues appearing on this application not valid after 12/31/2023.

Tax Deductions:

Dues, contributions or gifts to NAPA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2023, 10% of your dues are non-deductible in accordance with this provision.



4401 North Fairfax Drive, Suite 600
Arlington, VA 22203
P 703.516.9300 F 703.516.9308
www.napa-net.org