

National Association of Plan Advisors

2019 Firm Partner Application



Primary Contact:

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Email Address: _____

Administrative Contact*:

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Email Address: _____

Type of Business (Check all that apply):

Firm Partners are listed on the NAPA Net Portal, in NAPA Net The Magazine, on event programs and for other purposes. Please choose the appropriate line of business category for your firm. You may choose multiple categories, if applicable.

- Broker-Dealer
 RIA
 Recordkeeper
 Defined Contribution Investment Only
 Non-Recordkeeping TPA
 Other _____

2019 Firm Partner Annual Dues

Firm Partner dues are calculated on your firm's total number of U.S. employees, and, if applicable, affiliated advisors.

We understand that the retirement divisions of most firms are only a fraction of total employees and advisors and have created this dues structure with that in mind.

By basing dues on all employees, this structure is simple and fair to all partners.

Enter your firm's dues based on the table: \$_____

Please choose the correct Firm Partner Dues and Allocated Complimentary NAPA Memberships for your firm:

Total Number of U.S. Employees and Affiliated Advisors in Your Firm	Complimentary NAPA Membership Allotment	2019 Annual Dues for Firm Partnership**
1-5	5	\$575
6-25	10	\$1,150
26-50	25	\$3,000
51-250	50	\$6,000
251-500	75	\$9,000
501-1,000	100	\$12,000
1,001-2,000	250	\$15,000
2,001-3,000	375	\$18,000
3,001-5,000	750	\$24,000
5,000+	1,250	\$30,000
5,000+	2,000	\$31,500

**Enroll November 1, 2018 – June 30, 2019: Dues as listed; Enroll July 1 – October 31, 2019: Dues are prorated 50%

Payment Contact: (if different from Administrative Contact)

Name: _____
 Company: _____
 Title: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Email Address: _____

Payment Type:

- Check enclosed
 Send me an invoice
 I will transfer my payment electronically to NAPA (instructions will be emailed to Payment Contact upon receipt of signed application)
 I will pay by Credit Card
 Mastercard Visa Amex Discover
- Name as it appears on card: _____
 Card No.: _____
 Exp. Date: _____

Please enroll my firm as a NAPA Firm Partner through December 31, 2019.

Signature: _____ Printed Name: _____
 Title: _____ Date: _____

Please fax your completed application to **703.516.9308** or mail it to: NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725.
 Questions? Contact us at SAMteam@usaretirement.org

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 2019, 20% of your dues are non-deductible in accordance with this provision.



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