

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](http://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](http://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:

\$440

\$220

\$440 (Includes 2019 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](mailto:accountsreceivable@usaretirement.org).

Questions? Please call us at 800.308. 6714. Dues appearing on this application not valid after 12/31/2019.

## 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.



4245 North Fairfax Drive, Suite 750  
Arlington, VA 22203  
P 703.516.9300 F 703.516.9308  
[www.napa-net.org](http://www.napa-net.org)