

# National Tax-Deferred Savings Association

## Application for Affiliate Membership

**Join Now!**  
**Questions?**  
**Call 800.308.6714**

Membership in NTSA must be renewed annually.

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

Company: \_\_\_\_\_ 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: \_\_\_\_\_

### Which position best describes your work?

- 403(b)/457 Advisor  Wholesaler (External)  TPA  Home Office (Provider, Broker-Dealer)  
 Accountant  Attorney  Other: \_\_\_\_\_

### Company, Broker-Dealer or RIA Affiliation:

Company: \_\_\_\_\_  Broker-Dealer: \_\_\_\_\_  RIA: \_\_\_\_\_  
(Company Name) (Broker-Dealer Name) (RIA Firm Name)

### What 403(b)/457 plan markets do you serve?

- K-12  Healthcare  Religious  University/College  Government  Other: \_\_\_\_\_

### 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 ASPPA 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 ASPPA Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dues Payment Date:

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

### Affiliated with a Strategic Partner\*

- \$425 (Dues waived through 12/31/2017)  
 \$213 (Dues waived through 12/31/2017)  
 \$425 (Includes 2018 Dues)

**\*Not sure if you are affiliated  
with a Strategic Partner?  
Call 800.308.6714**

I am paying by  Check  Money Order  Mastercard  Visa  Amex  Discover

Name as it appears on card: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax your completed application to 703.516.9308 or mail it to NTSA, P.O. Box 34725, Alexandria, VA, 22334-0725.  
Questions? Please call us at 800.308.6714 or email [customer-care@ntsa-net.org](mailto:customer-care@ntsa-net.org).

### Tax Deductions:

Dues, contributions or gifts to NTSA 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 2017, 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.nts-net.org](http://www.nts-net.org)