



National Association of Securities Professionals

# MEMBERSHIP APPLICATION

Complete and mail to: **NASP**  
1212 New York Avenue, NW, Suite 950, Washington, DC 20005-3987  
You may fax credit card payments to 202-371-5536 \* Questions call 202-371-5535

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

TOLL FREE \_\_\_\_\_ E-MAIL(Required) \_\_\_\_\_

Years in Industry \_\_\_\_\_ Highest Degree Obtained \_\_\_\_\_ College \_\_\_\_\_

Licenses & Professional Credentials \_\_\_\_\_

### OWNERSHIP OF BUSINESS

Majority-Owned  Minority-Owned  Women-Owned

### AREA OF SPECIALIZATION *(Please Check Only One)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Attorney / Bond Counsel          | <input type="checkbox"/> Individual Investor Services | <input type="checkbox"/> Plan Sponsor (* Associate non-voting membership) |
| <input type="checkbox"/> Broker / Dealer                  | <input type="checkbox"/> Institutional Sales Services | <input type="checkbox"/> Public Finance                                   |
| <input type="checkbox"/> Commercial Banking               | <input type="checkbox"/> Investment Banking           | <input type="checkbox"/> Regulator (*Associate non-voting membership)     |
| <input type="checkbox"/> Consulting / Investment Advisory | <input type="checkbox"/> Investment Management        | <input type="checkbox"/> Wealth Manager                                   |

Description of Business: \_\_\_\_\_

### INDIVIDUAL MEMBERSHIP

Check category regarding number of years you have been in the securities industry:

- |                                       |       |   |         |
|---------------------------------------|-------|---|---------|
| <input type="checkbox"/> 0 - 5 years  | \$125 | <input type="checkbox"/> Associate Member | \$75 *  |
| <input type="checkbox"/> 6 - 10 years | \$250 | <input type="checkbox"/> Student Member   | \$25 ** |
| <input type="checkbox"/> 11 + years   | \$325 | (**Apply to Full-Time Students)           |         |

### FORM OF PAYMENT

CHECK  AMERICAN EXPRESS  MASTERCARD  VISA

ACCOUNT# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME OF CARD HOLDER \_\_\_\_\_

SIGNATURE OF CARD HOLDER(REQUIRED) \_\_\_\_\_

Please process my application as a Chapter Member: \_\_\_\_\_

(Chapter Name)

\*Current Chapter Locations: Atlanta, Boston, Chicago, Detroit, Houston, New York & Philadelphia

\* Chapters in Formation: Baltimore/Washington, San Francisco & Los Angeles

#### For Office Use Only

DATE: \_\_\_\_\_  
MEMBERSHIP # \_\_\_\_\_  
AMOUNT PAID \$ \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_  
NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

(REV: MAR05)

This is a Non-Transferable, Non-Refundable Calendar Year Membership