

ASPPA Benefits Council (ABC) of Chicago

A Regional Affiliate of the American Society
of Pension Professionals & Actuaries

2009 Corporate Membership Application (Complete separate form for each employee of the corporate member)

Name of Corporate Member: _____

1. Personal Information (Please Print)

First Name _____ Middle Initial _____ Last Name _____

Suffix (Jr., Sr., etc.) _____ ASPPA Designations (QKA, MSPA, etc.) _____ Non-ASPPA Designations (CFP, EA, etc.) _____

Years of Experience _____ Position/Title _____ Category* _____

2. Contact Information (Please Print)

Your contact information will not be shared with anyone outside ASPPA. Your home contact information will be used in the event we are unable to contact you at your place of business. It will also be used to track the congressional districts in which our members reside.

Business Name _____ Business Type** _____

Business Address _____

Business City _____ Business State _____ Business Zip _____

Business Phone _____ Business Fax _____ Business E-Mail _____

Home Address _____ Home City/State _____ Home Zip _____

Home Phone _____ Home Fax _____ Home E-Mail _____

Please return your completed application with payment to **ABC of Chicago - Attn: JoAnn Cassell- c/o McGladrey, 20 North Martingale Road Suite 500, Schaumburg, IL 60173**. If you are paying by credit card, you may fax the application to **847.517.7067** Fax. For further information please call 847.413.6245.

*Position Categories: Accountant, Actuary, Attorney, Executive/Officer, Manager/Admin, Manager/Marketing, Manager/Product Sales, Manager/Technical, Staff/Admin, Staff/Marketing, Staff/Product Sales, Staff/Technical, Other.

**Business Types: Accounting, Actuarial/Employee Benefits Consulting, Bank/S&L, Computer/Software, Educational, Insurance, Investment Advisory, Law, Recordkeeping, TPA, Other.