



MENTOR PROGRAM PARTICIPANT APPLICATION

The Third Party Marketers Association offers Mentor Program participation to a select group of sales & marketing organizations that do not meet the criteria of Third Party Marketers Association membership, which requires the registration and licensing of all sales professionals associated with the firm. In addition to the Mentor Program Participant Application, organizations seeking membership in the Third Party Marketers Association Mentor Program must also submit a signed and dated copy of the Third Party Marketers Association Principles and Best Practices signed by all sales professionals associated with the firm. Firm's who do not meet the eligibility requirements for membership into the Third Party Marketers Association may participate in 3PM's Mentor Program, upon acceptance into the program, for a period of 1 year.

Firm Name: _____
 Address: _____ Website: _____ Phone: _____ Fax: _____

Name of Firm Professional Completing Application: _____
 Email Address of Firm Professional Completing Application: _____
 Phone Number of Firm Professional Completing Application: _____

Number of Principals/Owners: _____ **Number of Employees (non-Principals/Owners):** _____

Employee/Owner 1: Name: _____ Title: _____ Licenses: _____

Employee/Owner 1: Email: _____ Address: _____ Phone: _____

Employee/Owner 2: Name: _____ Title: _____ Licenses: _____

Employee/Owner 2: Email: _____ Address: _____ Phone: _____

Employee/Owner 3: Name: _____ Title: _____ Licenses: _____

Employee/Owner 3: Email: _____ Address: _____ Phone: _____

Please explain the specific registration and licensing of your firm (state(s) registered; B/D, RIA; Affiliated with B/D, RIA; SEC registered), if applicable: _____

Formal Name of Registered Entity: _____

Specific relationship and/or registrations & Licensing held with Entity: _____

Management Contact and Title at Registered Entity: _____

Management Contact Phone: _____ Email: _____ Address: _____

References:

Please provide a series of 3 industry references, including contact information, that 3PM may contact on behalf of your firm:

Name: _____ Firm: _____ City, State: _____ Phone: _____ Email: _____

Name: _____ Firm: _____ City, State: _____ Phone: _____ Email: _____

Name: _____ Firm: _____ City, State: _____ Phone: _____ Email: _____

Background History:

Please submit a current CV/resume for all owners/employees of the firm.

Regulatory Standing:

Please confirm by the signature of each owner/employee of the firm (or a minimum of two management team members limited to the CEO, CFO, CCO and/or COO) that neither the firm nor any of its employees or owners have been the subject of any revocation, censure or litigation by the regulatory bodies that govern the financial services industry, including FINRA, SEC. If the firm or any of its owners or employees have been the subject or a part of any revocation, suspension, censure or litigation by the regulatory bodies, please attach a detailed explanation and note 'explanation attached' in lieu of a signature:

Name: _____ Title: _____ Attestation Signature: _____

Name: _____ Title: _____ Attestation Signature: _____

3PM Mentor Program Participation Fee:

Mentor Program (\$500 USD)

check enclosed paid by credit card: Master Card VISA American Express
 #: _____ Exp. Date: _____ Signature: _____

- Please attach a 100-150 word description/profile of your Firm
- Please attach one signed copy of the 3PM Principles and Best Practices per firm owner/employee
- Please attach a current CV/resume for all firm owners/employees

As the representative submitting this 3PM Mentor Program participant application, I vow that the statements above are true and accurate to the best of my knowledge and ability, and that all firm owner and employee signatures and information are genuine and accurate as of this date.

Signature _____

Date _____

IMPORTANT NOTE: if you choose to electronically send this completed application to info@3PM.org, please be sure to SAVE the completed document and transmit the SAVED document. In addition, please print and mail or fax an original copy of this completed application to:
 Third Party Marketers Association, Inc. 191 Clarksville Road, Princeton Jct., NJ 08550 - Phone 609/799-4900 - Fax 609/799-7032

FOR OFFICE USE ONLY: DATE OF 3PM MENTOR PROGRAM ACCEPTANCE: _____