

NEW MEMBER APPLICATION

The Third Party Marketers Association offers membership to a select group of sales & marketing organizations that meet the criteria of membership, which includes the registration and licensing of all sales professionals associated with the firm. In addition to the Membership Application, organizations seeking membership in the Third Party Marketers Association must also adhere to the Third Party Marketers Association Principles and Best Practices and must submit an attestation signed by a managing principal, CEO or CCO to that effect. Firms who do not meet the eligibility requirements for membership into the Third Party Marketers Association may elect to complete an application for 3PM's Mentor Program, or 3PM's Industry Associate Program via a separate application process.

| | | | |
|--|-------|---|-------------|
| Firm Name: _____ | | | |
| Address: _____ | | | |
| Website: _____ | | Phone: _____ Fax: _____ | |
| <i>Note: Firm will be listed on the 3PM Member web page upon membership approval, acceptance, and payment of dues</i> | | | |
| <input type="checkbox"/> Check here if you do not wish to be listed on the 3PM website | | <input type="checkbox"/> Check here if any of the information above has changed | |
| <u>Firm Principals and Personnel:</u> | | | |
| Number of Principals _____ | | Number of Employees _____ | |
| Please provide information on Firm Principals (use additional sheet if necessary): | | | |
| <u>Principal 1</u> Name: _____ | | Title: _____ | |
| Email: _____ | | Phone: _____ | |
| <u>Principal 2</u> Name: _____ | | Title: _____ | |
| Email: _____ | | Phone: _____ | |
| <u>Registration and Regulatory Standing*:</u> Is your firm registered: | | | |
| As a Broker Dealer with: | | | |
| FINRA | Yes | No | CRD# _____ |
| If affiliated with a Broker Dealer, please provide the name: _____ | | | |
| As an Investment Advisor with: | | | |
| SEC | Yes | No | Reg# _____ |
| States | Yes | No | List: _____ |
| As a Municipal Advisor with: | | | |
| SEC | Yes | No | Reg# _____ |
| MSRB | Yes | No | Reg#: _____ |
| As a non-US registered organization with: | | | |
| FSA | Yes | No | Reg# _____ |
| Other organization: | _____ | | Reg# _____ |
| Are all of your firm's employees properly licensed /registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

* By submitting this Application, the Firm and its respective and active principals and employees acknowledge that all sales professionals are, will and shall be licensed, including those hired and/or retained by the organization, currently and in the future. Please note that licensing and registration pertinent to the specific geographic region and products represented is required; proof of licensing and registration with the appropriate authorities should be provided in conjunction with this application, particularly as it relates to non-US entities.

Please continue to complete application.

As the firm managing principal, CEO or CCO of the firm I confirm that the above regulatory and registration information is accurate and that all firm personnel are properly licensed and registered. I also confirm that neither the firm nor any of its current owners or employees have been or are currently the subject of any revocation, censure, or litigation by the regulatory bodies that govern the financial services industry. **In addition, should the firm or any of its owners or employees become the subject or a part of any disciplinary action by the regulatory bodies as described above, I confirm that a firm representative will notify 3PM immediately.**

Name: _____ Title: _____

Email: _____ Phone: _____

Attestation Signature: _____

Additional Information:

- Please attach the attestation page of the 3PM Principles and Best Practices signed and dated by a firm managing principal, CEO or CCO
- Please provide a 100 – 150 word description of your Firm.
- Please complete and attach a Firm Profile.

Membership Dues Scheduling (Note: Annual dues are valid from July 1st - June 30th)

- January 1st - April 30th dues are pro-rated at ½ the regular member rate
- May 1st - December 31st dues are full price

FIRM MEMBERSHIP (\$850 USD)

- Firm Membership Application
- Contact person to be listed on the 3PM website:

Name: _____ Title: _____

Email: _____ Phone: _____

- Additional contacts may be added for \$200 per person. (Please include Name, Phone and Email Address for each additional contact)

METHOD OF PAYMENT: Check/Money Order Master Card VISA American Express

#: _____ Exp. Date: _____

Signature: _____

As the representative submitting this renewal application for membership in the Third Party Marketers Association, 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.

Name: _____

Email: _____ Phone: _____

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