

**Apply Now!**  
**Questions?**  
**Call 703.516.9300 x112**

# Plan Sponsor Council of America Application for Plan Sponsor Membership

## Primary Contact Information:

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)  
Firm: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

## Secondary Contact Information:

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
(if different from that of primary contact)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Plan Demographics:

1. What is the total number of U.S. employees at your company? \_\_\_\_\_
2. What is your industry? \_\_\_\_\_
3. What types of retirement plans does your company sponsor for employees? *(Check all that apply)*  
 401(k) Plan  Profit Sharing Plan  403(b) Plan  457 Plan  Non-Qualified Deferred Compensation  Health Savings Accounts  
 Defined Benefit Plan  Other: \_\_\_\_\_

## Payment Information:

Dues are based on the total number of U.S. employees at your company. If you join Jan.-June you pay 100% of the annual rate, July-Oct. you pay 50%, Nov.-Dec. you pay 100% but renewal will be 1+ year later

Tier:	Regular Rate:	July-Oct. Rate:
Tier 1: 1-100 employees	<input type="checkbox"/> \$260	<input type="checkbox"/> \$130
Tier 2: 101-500 employees	<input type="checkbox"/> \$520	<input type="checkbox"/> \$260
Tier 3: 501-1,000 employees	<input type="checkbox"/> \$1,030	<input type="checkbox"/> \$515
Tier 4: 1,001-10,000 employees	<input type="checkbox"/> \$1,550	<input type="checkbox"/> \$775
Tier 5: >10,000 employees	<input type="checkbox"/> \$2,575	<input type="checkbox"/> \$1,288
Tier 6: Non-Profits (501c3), Governments and Educational Institutions (regardless of ee#)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$130

I am paying by:  Check  Money Order  Credit Card

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

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

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

Please fax your completed application to 703.516.9308 or mail it to PSCA, P.O. Box 34725, Alexandria, VA, 22334-0725 or email [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org).  
**Questions?** Please call us at 800.308.6714. Dues appearing on this application not valid after 12/31/2023.

## Tax Deductions:

Dues, contributions or gifts to PSCA 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 2023, 10% of your dues are non-deductible in accordance with this provision.



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**Arlington, VA 22203**  
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**[www.psc.org](http://www.psc.org)**