



Plan Sponsor Council of America Membership Information & Application

Company Name: _____

Mailing Address: _____

City, State and Zip: _____

Telephone number: _____ Fax number: _____

Email address: _____ Type of business: _____

Name and Title of Primary Contact: _____

Name, Title, Phone & Email of Secondary Contact: _____

Does your company derive any of its income from providing services to plan sponsors for their defined contribution plan needs? Y / N

Please indicate the total number of employees at your company eligible to participate in your DC plan(s). Please also indicate the type(s) of plan(s) you have and the number of eligible employees for each plan. Each plan type below is a separate plan, not components of one plan. Complete all that apply.

Total employees eligible to participate: _____ (if no plan, please state total employees)

Table with 3 columns: Plan type, Plan type description, Total employees eligible for plan. Rows include Profit Sharing, 401(k), Combination, and Cash.

2014 Dues Schedule

Table with 2 columns: Total employees eligible to participate, PSCA Annual Dues. Shows dues amounts for various employee counts from 1-174 to 68,000+.

Note: Dues are for 12 months of membership from the time you join.

Annual Dues: \$ _____ Date _____

- I have enclosed a check payable to PSCA
Please charge my credit card: Visa MasterCard American Express

Credit Card No.: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Billing address if different: _____