



2011 GROUP MEMBERSHIP APPLICATION

Please complete the following forms and return with your remittance
Fax: 860.672.3005 :: Mail to: 22 Kent Rd., Cornwall Bridge, CT 06754

Group Contact Name: _____
 Title: _____
 Firm: _____
 Mailing Address: _____

Please see the second page to list the appropriate contact information for each individual to be included in the group membership.

Phone: _____ Fax: _____
 (800): _____ E-Mail: _____

Firm Type: B/D I/A Bank Insurance Company Investment Company
 Service Provider (*circle an option below*)
 (Accounting, Law Firm, Clearing Firm, Consultant, Software Provider, Trade Association, Transfer Agent)
 Other (Please specify) _____

Publication Preferences:

Currents Newsletter: E-mail Notice E-mail Attachment (PDF, about 300K)

How did you learn about NSCP? _____

PRICING STRUCTURE: Tier Discount multiplied by # of members = final price

Terms: Upon Receipt **Description:** Group Membership Fee; please choose on of the following tiers:

TIER I: 5-10 members - 20% discount :: (\$320 per member) :: _____ Members x \$320 = _____
 TIER II: 11-15 members - 25% discount :: (\$300 per member) :: _____ Members x \$300 = _____
 TIER III: 15-20 members - 30% discount :: (\$280 per member) :: _____ Members x \$280 = _____
 TIER IV: 20-30 members - 35% discount :: (\$260 per member) :: _____ Members x \$260 = _____
 TIER V: 31+ (unlimited) - \$10,000 flat fee :: (\$322.58 on down per member)

TOTAL (in USD) : _____

PAYMENT OPTIONS

If paying by Check: Make Checks Payable to: NSCP

If paying by Credit Card: MasterCard Visa American Express***

Account Number _____ (_____) _____
 VCODE** Mo. Yr. Amount USD Date Billing Zip Code
 Expiration Date

Billing Address: _____
 (if different from mailing address)

Cardholder's Signature _____ Print Cardholder's Name _____

****Please include your 3digit VCODE from the back of your Visa or MasterCard or 4 digit*** VCODE from the front of your American Express credit card. It is now required for credit card charges.**

Tax ID# 06-1205471



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Please fill out the following for each of the individuals you will be adding to the group membership.

Member Name: _____

Title: _____

Firm: _____

Mailing Address: _____

Phone: _____ Fax: _____

(800): _____ E-Mail: _____

Firm Type: B/D I/A Bank Insurance Company Investment Company

Service Provider (*circle an option below*)

(Accounting, Law Firm, Clearing Firm, Consultant, Software Provider,
Trade Association, Transfer Agent)

Other (Please specify) _____

Publication Preferences:

Currents Newsletter: E-mail Notice E-mail Attachment (PDF, about 300K)

Member Name: _____

Title: _____

Firm: _____

Mailing Address: _____

Phone: _____ Fax: _____

(800): _____ E-Mail: _____

Firm Type: B/D I/A Bank Insurance Company Investment Company

Service Provider (*circle an option below*)

(Accounting, Law Firm, Clearing Firm, Consultant, Software Provider,
Trade Association, Transfer Agent)

Other (Please specify) _____

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