

APPLICATION FOR GROUP I MEMBERSHIP

Please complete the following form and return with your remittance.

Group Contact Name: _____

Title: _____

Firm: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

(800): _____ **E-Mail:** _____

Firm Type: Broker-Dealer Investment Adviser Dually Registered

GROUP I Membership: for firms with 51 to 1000 employees as registered using the SEC's Form ADV or FINRA's Form BD. NSCP will provide the firm's contact person with a unique Group Identifier login and password to be used for registration of up to 15 individuals. The registered firm's affiliates and employees engaged in Compliance related activities may be designated by the firm as part of Group I for NSCP membership qualification.

Publication Preferences: Hotline Memo: E-Mail Notice
 E-Mail Attachment (PDF Format, about 70K)
NSCP Currents Newsletter: E-Mail Notice
 E-Mail Attachment (PDF Format, about 1.5Mb)
 Paper printed and mailed

Terms:	Description	Amount Due
Upon Receipt	Annual Membership Fee	\$ 1,750.00
	Total Due:	\$ 1,750.00

If paying by Check

- Make Checks Payable to: **NSCP**
- Remit payment to: **NSCP**
 22 Kent Road
 Cornwall Bridge, CT 06754

If paying by Credit Card

Credit Card Payments: MasterCard Visa American Express***

_____ Mo. _____ Yr. _____
*Account Number VCODE** Billing ZIP Code Expiration Date*

_____ *Cardholder's Signature* _____ *Print Cardholder's Name* _____ *Amount (USD)* _____ *Today's Date*

Credit Card Renewals can be faxed to: (860) 672-3005. **Please include your 3 digit 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.