



APPLICATION FOR MEMBERSHIP

Please complete the following form and return with your remittance.

Member Name: _____

Title: _____

Firm: _____

Mailing Address: _____

Phone: _____ Fax: _____

(800): _____ E-Mail: _____

Home Phone _____ Personal Email: _____

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

How did you learn about NSCP? _____

Terms: Upon Receipt **Description:** Annual Membership Fee - \$400 USD **Amount Due:** Total Due - \$400 USD

PAYMENT OPTIONS

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: MasterCard Visa American Express***

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

 Cardholder's Signature Print Cardholder's Name

Please include your 3 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.*

Please fax credit card payments to: (860) 672-3005 :: You may also join online at www.nscp.org
 Questions? Phone us at (860) 672-0843 , or e-mail Eric Cieplik at eric@nscp.org