APPLICATION FOR NEW MEMBERSHIP (WEB)

Please complete the following form and return with your remittance.

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: Hotline Memo: ☐ **E-Mail Notice**
(hotline not available on paper) ☐ **E-Mail Attachment** (PDF Format, about 70K)
Currents Newsletter: ☐ **E-Mail Notice**
☐ **E-Mail Attachment** (PDF Format, about 300K)
☐ **Paper printed and mailed**

How did you learn about NSCP? _____

Terms:	Description	Amount Due
Upon Receipt	**Annual Membership Renewal Fee**	**$ 400.00**
	Total Due:	**$400.00**

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.