



National Association of Securities Professionals

MEMBERSHIP APPLICATION

Complete and mail to: NASP Baltimore - Washington Chapter
2020 Pennsylvania Avenue, N.W., Suite 281, Washington, DC 20006
You may fax credit card payments to 202-862-4973 * Questions call 202-862-0023

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE (_____) _____ FAX (_____) _____

TOLL FREE _____ E-MAIL(Required) _____

Years in Industry _____ Highest Degree Obtained _____ College _____

Licenses & Professional Credentials _____

OWNERSHIP OF BUSINESS

Majority-Owned Minority-Owned Women-Owned

AREA OF SPECIALIZATION (Please Check Only One)

- Attorney / Bond Counsel
- Broker / Dealer
- Commercial Banking
- Consulting / Investment Advisory
- Individual Investor Services
- Institutional Sales Services
- Investment Banking
- Investment Management
- Plan Sponsor (* Associate non-voting membership)
- Public Finance
- Regulator (*Associate non-voting membership)
- Wealth Manager

Description of Business: _____

INDIVIDUAL MEMBERSHIP

Check category regarding number of years you have been in the securities industry:

- 0 - 5 years \$125 Associate Member \$75 *
- 6 - 10 years \$250 Student Member \$25 **
- 11 + years \$325 (**Apply to Full-Time Students)

FORM OF PAYMENT

CHECK AMERICAN EXPRESS MASTERCARD VISA

ACCOUNT# _____ EXPIRATION DATE _____

NAME OF CARD HOLDER _____

SIGNATURE OF CARD HOLDER(REQUIRED) _____

Please process my application as a Chapter Member: _____ (Chapter Name)

*Current Chapter Locations: Atlanta, Boston, Chicago, Detroit, Houston, New York & Philadelphia
* Chapters in Formation: Baltimore/Washington, San Francisco & Los Angeles

For Office Use Only

DATE: _____
MEMBERSHIP # _____
AMOUNT PAID \$ _____
COMMENTS: _____

PROCESSED BY: _____
NEW _____ RENEWAL _____

(REV. MAR05)