



**Profit Sharing/401k Council of America Membership Information & Application**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_ Type of business: \_\_\_\_\_

Name and Title of Primary Contact: \_\_\_\_\_

Name, Title, Phone & Email of Secondary Contact: \_\_\_\_\_

Does your company derive any of its income from providing defined contribution plan-related services? **Y / N**

Please indicate the total number of employees at your company eligible to participate in your DC plan(s). Please also indicate the type(s) of plan(s) you have and the number of eligible employees for each plan. Each plan type below is a separate plan, not components of one plan. Complete all that apply.

**Total employees eligible to participate: \_\_\_\_\_ (if no plan, please state total employees)**

<u>Plan type</u>	<u>Plan type description</u>	<u>Total employees eligible for plan</u>
Profit Sharing	Funded only by company contributions	_____
401(k)	Funded by participant contributions or by participant contributions and fixed company matches	_____
Combination	Funded by participant contributions and variable company matches and contributions	_____
Cash	Profit sharing distribution taxable as W-2 wages	_____

**2010 Dues Schedule**

<u>Total employees eligible to participate</u>	<u>PSCA Annual Dues</u>
1-174	\$315
175-299	\$525
300-499	\$695
500-749	\$870
750-999	\$1,035
1,000-2,499	\$1,215
2,500-5,000	\$1,385
5,001-67,000	\$1,385 plus \$43 for every full 1,000 eligible employees over 5,000
68,000+	\$4,095

*Note: Dues are for 12 months of membership from the time you join.*

Annual Dues: \$ \_\_\_\_\_ Date \_\_\_\_\_

- I have enclosed a check payable to PSCA  
 Please charge my credit card:       Visa     MasterCard     American Express

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address if different: \_\_\_\_\_

*Please return this form with payment to: PSCA, 20 N. Wacker Dr., Suite 3700, Chicago, IL 60606 – Phone 312-419-1863; Fax 312-419-1864*