

2019 Annual NASPP Membership

No-Risk Membership Form

If at any time you are not completely satisfied, simply let us know and we will refund your membership dues



The NASPP is the top professional association for equity compensation with 6,000+ members. Build your professional knowledge and value through NASPP resources, education, thought leadership and networking opportunities.

Join online at www.naspp.com/join. While there, create your profile to receive customized news, alerts and offers.

Renew Your Membership in 4 Easy Ways

1. **Online** at www.naspp.com/join
2. **Email** to naspp@naspp.com
3. **Fax** to 925-930-9284
4. **Mail** to PO Box 21639, Concord, CA 94521

Company Information *(please print)*

Company Name _____

Please indicate your company type: Issuer Service Provider

If a service provider, please indicate the type of services provided

Law/Legal Accounting Brokerage Compensation/Consulting
 Software Provider Outsource Provider Other _____

Additional company information below required for ISSUERS only

NYSE AMEX NASDAQ OTC Bulletin Board
 High-Tech Non-High-Tech US-Based Non-US-Based
No. of employees: 1-1,500 1,501-10,000 10,001-30,000+
Are employees: US only Overseas only Both

Membership Options & Dues

ISSUERS:

Those responsible for the design/administration of internal employee stock plans, including HR/compensation professionals, CFOs, corporate secretaries, in-house counsel and others.

Corporate Membership **\$905**
Rate includes up to 3 members
Each Additional Member **\$180**

SERVICE PROVIDERS:

Those offering external services/solutions to issuers, including sales/marketing professionals, law firms, consultants and others.

Individual Membership **\$730**

Member Information *(please print)*

Member #1 - Account Primary

(This is the primary member responsible for managing the membership account)

Name _____

Title _____

Email _____

Phone _____

Fax _____

Mailing Address _____

City _____ State _____ Zip _____

Corporate Membership:
Please list additional members on page 2.

If Service Provider: Member #1 - Primary Job Function

- | | |
|---|---|
| <input type="checkbox"/> CEO/Principal/Partner | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Business Analyst |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Sales/Marketing/
Client Relationships | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Associate/Staff Attorney |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Other |

If Issuer: Member #1 - Primary Job Function

- | | |
|--|---|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Employee Relations/
Communications | <input type="checkbox"/> Stock Plan Admin. |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Training/Development |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other |

Payment Information *(please print)*

I am renewing by: Check *(enclosed)* - Make check payable to NASPP, Ltd.
Credit Card: Visa MasterCard American Express

Federal Tax ID # 77-0324530

Credit Card # _____ CVC# _____ Expiration _____

Name *(as it appears on card)* _____ Signature _____

If outside the US: Add \$50 per member for shipping and handling TOTAL TO BE CHARGED \$ _____

Thank you for your membership! We welcome you to the NASPP community.

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Member Information *(please print)*

Member #2

Name _____

Title _____

Email _____

Phone _____

Fax _____

Mailing Address *(if different than Member #1)* _____

City _____ State _____ Zip _____

More than four members?
Please photocopy this blank form.

Issuer: Member #2 **Primary Job Function**

- Benefits
- Compensation
- Employee Relations/Communications
- Finance/Accounting
- Human Resources
- Legal
- Recruitment
- Stock Plan Admin.
- Training/Development
- Other

Member #3

Name _____

Title _____

Email _____

Phone _____

Fax _____

Mailing Address *(if different than Member #1)* _____

City _____ State _____ Zip _____

Issuer: Member #3 **Primary Job Function**

- Benefits
- Compensation
- Employee Relations/Communications
- Finance/Accounting
- Human Resources
- Legal
- Recruitment
- Stock Plan Admin.
- Training/Development
- Other

Member #4

Name _____

Title _____

Email _____

Phone _____

Fax _____

Mailing Address *(if different than Member #1)* _____

City _____ State _____ Zip _____

Issuer: Member #4 **Primary Job Function**

- Benefits
- Compensation
- Employee Relations/Communications
- Finance/Accounting
- Human Resources
- Legal
- Recruitment
- Stock Plan Admin.
- Training/Development
- Other

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