



Association of Professional Reserve Analysts

## Application for Affiliate Membership

Applicant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Address: City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### AGREEMENT

I agree:

To encourage employees and colleagues to act in the best interest of the clients whom they serve.

To encourage employees and colleagues to enrich their capacity to serve their clients by joining APRA

To never misrepresent APRA, its members or activities.

To never use my role in an APRA event or committee to solicit a client or contract.

To pursue my profession and serve my clients according to the highest standards of my industry.

To maintain a current and competent command of my industry's skills and knowledge to serve my clients.

To cooperate fully with colleagues in my related profession in the orderly transition of clients.

To never betray the trust or confidentiality of my clients and fellow professionals.

I understand that this application is subject to review and approval by the APRA Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 201\_\_\_\_

**RETURN COMPLETED APPLICATION WITH \$300 PAYMENT TO:**

**Association of Professional Reserve Analysts**  
W175 N11117 Stonewood Drive, Suite 204  
Germantown, WI 53022