

New Associate Firm Membership Form



Florida Public Pension Trustees Association



2025 New Membership Form for Associate Firm



This membership form is for first time members only. This is not intended for current members renewing membership. Renewing members must log-on to fppta.org and renew online.

2025 Membership Fee

2025 Membership is \$2,100 for the Associate firms for the year. Membership runs from January 1, 2025 through December 31, 2025.

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____

Phone Number: _____ **E-mail Address:** _____

Completed Form

Please send the completed Membership Form to: MJ Chwalik at MJ@fppta.org. Once the form is received, FPPTA staff will create the firm's profile. You will receive notification when this is completed.

Thank you for your membership!

FPPTA Contact Information

Mailing Address: 2946 Wellington Circle East, Tallahassee, FL 32309

Phone: 800-842-4064 **Email:** fppta@fppta.org **Website:** FPPTA.org

Please Choose the Appropriate Category

- | | |
|---|--|
| <input type="checkbox"/> Accountant/CPA Firm | <input type="checkbox"/> Money Managers |
| <input type="checkbox"/> Actuaries | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Securities Monitoring |
| <input type="checkbox"/> Commission Recapture Brokerage | <input type="checkbox"/> Transition Management Brokerage |
| <input type="checkbox"/> Direct Brokerage Services | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Investment Consultant | <input type="checkbox"/> Third Party Marketing |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Trust Custody |

Professional Services Offered

Domestic Equities:

- ☐ Commingled
- ☐ Mutual Funds
- ☐ Separate Accounts
- ☐ Large Cap Core
- ☐ Large Cap Growth
- ☐ Large Cap Value
- ☐ Mid Cap Core
- ☐ Mid Cap Growth
- ☐ Mid Cap Value
- ☐ Small Cap Core
- ☐ Small Cap Growth

Domestic Fixed Income:

- ☐ Commingled
- ☐ Mutual Funds
- ☐ Separate Accounts
- ☐ Government
- ☐ Corporate
- ☐ Agencies
- ☐ Core
- ☐ Core Plus
- ☐ High Yield
- ☐ Other _____

International Equities:

- ☐ Commingled
- ☐ Mutual Funds
- ☐ Separate Accounts
- ☐ Large Cap Core
- ☐ Large Cap Growth
- ☐ Large Cap Value
- ☐ Mid Cap Core
- ☐ Mid Cap Growth
- ☐ Mid Cap Value
- ☐ Small Cap Core
- ☐ Small Cap Growth
- ☐ Small Cap Value
- ☐ Other _____

International Equities:

- ☐ Commingled
- ☐ Mutual Funds
- ☐ Separate Accounts
- ☐ Global
- ☐ ADR's
- ☐ EAFE
- ☐ European
- ☐ Pacific Rim
- ☐ Latin America
- ☐ Emerging Markets
- ☐ Other _____

Domestic Equities:

- ☐ Commingled
- ☐ Separate Accounts
- ☐ Opportunistic
- ☐ Core
- ☐ Value Added
- ☐ High Yield
- ☐ European
- ☐ United States
- ☐ Latin America
- ☐ Florida
- ☐ Other _____

Domestic Fixed Income:

- ☐ Commingled
- ☐ Mutual Funds
- ☐ Separate Accounts
- ☐ Government
- ☐ Corporate
- ☐ Aggregate
- ☐ Short Term Yield
- ☐ Core
- ☐ Core Plus
- ☐ High Yield
- ☐ Other _____

International Equities:

- ☐ Commingled
- ☐ Separate Accounts
- ☐ Convertible Arbitrage
- ☐ Merger Arbitrage
- ☐ Event Driven
- ☐ Distressed Securities
- ☐ Equity Market Neutral
- ☐ Equity Long/Short
- ☐ Florida
- ☐ Other _____

Colleagues Contact Information

Please provide the names and addresses of the colleagues in your firm that you want to receive information from the FPPTA. This can include an assistant, someone who will register colleagues for our events.

****It is vitally important to have an e-mail address on file, as the FPPTA communicates solely through e-mail.**

Associate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Associate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Associate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Associate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Associate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____