

# New Associate Firm Membership Form



Florida Public Pension Trustees Association



## 2025 New Membership Form for Associate Firm

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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](http://fppta.org) and renew online.

## 2025 Membership Fee

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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

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Please send the completed Membership Form to: MJ Chwalik at [MJ@fppta.org](mailto: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

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

**Phone:** 800-842-4064 **Email:** [fppta@fppta.org](mailto:fppta@fppta.org) **Website:** [FPPTA.org](http://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
- Small Cap Value
- Other \_\_\_\_\_

### Domestic Fixed Income:

- Commingled
- Mutual Funds
- Separate Accounts
- Government
- Corporate
- Agencies
- Core
- Core Plus
- High Yield
- Short-term 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 Categories:

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

### Real Estate:

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

### International Fixed Income:

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

### Hedge Funds:

- 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: \_\_\_\_\_