



TPA MEMBERSHIP APPLICATION

Company Name: _____

Address: _____

Primary Member (Owner/Senior Executive) Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Assistant's Name: _____

Assistant's Phone: _____ Assistant's Email: _____

Please attach a list of up to four additional designated members, including their email addresses, phone numbers and physical addresses, if possible. Additional employees can be included as members as noted below.

Annual Dues

- Less than 10,000 participants - \$2,500 (covers primary member and four other employees).
Additional employees - \$400 each.

- 10,000 or more participants - \$5,000 (covers primary member and four other employees).
Additional employees - \$200 each.

Please include a dues check with this application and return it to:

The SPARK Institute
Attention: Membership
714 Hopmeadow St., Suite 3
Simsbury, CT 06070

THANK YOU FOR BECOMING A MEMBER OF THE SPARK INSTITUTE!

WWW.SPARKINSTITUTE.ORG