

ALLY MEMBERSHIP APPLICATION

A RITA Ally is a company that provides brokerage, insurance, investment or similar services that share a common interest in the self-directed retirement plan industry and want to serve as a RITA Ally by supporting the association’s ethics, goals, and commitments. RITA’s membership calendar runs from January 1 – December 31.

All RITA Allies receive these exclusive value-added benefits:

- Authorized use of the RITA Ally badge on your company website and marketing materials
- Industry updates, alerts, and breaking news on regulatory, legislative, and other timely issues
- Discounted conference registration rate for biannual RITA conferences
- Access to RITA webinars on important industry topics
- Invitation to attend relevant all-member calls regarding advocacy efforts and regulatory and legislative updates

1. SELECT YOUR ANNUAL CONTRIBUTION LEVEL

Amount
\$10,000
\$25,000
\$50,000

2. APPLICANT AND COMPANY INFORMATION

Applicant Name:

Applicant Phone: Applicant Email:

Company Name:

Brokerage Investment Services
 Insurance Company Other: (specify: _____)

Business Phone: Business Fax:

Business Location:

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Company Website:

Company Contacts

Primary:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>
Secondary:	<input type="text"/>	Email:	<input type="text"/>	Phone:	<input type="text"/>

Additional Information

Other information you would like to share about your company:

3. CONDUCT DISCLOSURES

Have you, your firm, or any principals of your firm been found guilty of a felony, violation of securities or insurance regulations, or disciplinary action by any state or federal authorities or agencies?

No **Yes - If yes, please explain:**

4. SIGNATURE

I certify that the information provided in this Application is true and correct to the best of my knowledge, and I agree to fully comply in using the appropriate RITA membership category on all forward-facing marketing materials, websites, or communications which I (or my company) may sponsor.

Signature of Applicant: _____

Title of Applicant:

Date:

✉ Email
Application to: Erin Moretz
RITA Membership Director
emoretz@rita.us.org

AND

Send Check
for Payment with
Application to: Millennium Trust Company, LLC
c/o Mr. Gary Anetsberger, RITA Treasurer
2001 Spring Road, Suite 700
Oak Brook, IL 60523

Questions? RITA
Erin Moretz, Membership Director
Phone: 240.476.6266
Email: emoretz@rita.us.org