

# ALLY MEMBERSHIP APPLICATION

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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: RITA Membership Director  
[membership@rita.us.org](mailto:membership@rita.us.org)

**AND**

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

### Questions?

Contact RITA  
Phone: (941) 330-7804  
Email: [membership@rita.us.org](mailto:membership@rita.us.org)