

Florida Public Pension Trustees Association

# 2010 ASSOCIATE MEMBERSHIP



## **Mission Statement**

The FPPTA has been established for the purpose of providing education and information for the public pension system and protecting Defined Benefit Plans.

FPPTA  
2946 Wellington Circle East  
Suite A  
Tallahassee, FL 32309  
800-842-4064  
Fax 850-668-8514  
E-mail: [fppta@fppta.org](mailto:fppta@fppta.org)

# 2010 Yearly Membership Form

**2010 Yearly Associate Membership  
\$1,800 per year payment due upon receipt**

For your convenience  
this form can be completed on our  
website, [WWW.FPPTA.ORG](http://WWW.FPPTA.ORG)

Please Print Clearly

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_

Please make checks payable to:  
Florida Public Pension Trustees Association (FPPTA)

We accept: MasterCard, Visa, American Express

Please Print Clearly:

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**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                   |

The information provided in the Associate Membership Form will be posted to the FPPTA website.

**Professional Services:**

<p><b>Domestic Equities:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Large Cap Core  <input type="checkbox"/> Large Cap Growth  <input type="checkbox"/> Large Cap Value  <input type="checkbox"/> Mid Cap Core  <input type="checkbox"/> Mid Cap Growth  <input type="checkbox"/> Mid Cap Value  <input type="checkbox"/> Small Cap Core  <input type="checkbox"/> Small Cap Growth  <input type="checkbox"/> Small Cap Value  <input type="checkbox"/> Other _____          _____</p>	<p><b>Domestic Fixed Income:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Government  <input type="checkbox"/> Corporate  <input type="checkbox"/> Agencies  <input type="checkbox"/> Short Term Yield  <input type="checkbox"/> Core  <input type="checkbox"/> Core Plus  <input type="checkbox"/> High Yield  <input type="checkbox"/> Other _____          _____</p>	<p><b>International Equities:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Large Cap Core  <input type="checkbox"/> Large Cap Growth  <input type="checkbox"/> Large Cap Value  <input type="checkbox"/> Mid Cap Core  <input type="checkbox"/> Mid Cap Growth  <input type="checkbox"/> Mid Cap Value  <input type="checkbox"/> Small Cap Core  <input type="checkbox"/> Small Cap Growth  <input type="checkbox"/> Small Cap Value  <input type="checkbox"/> Other _____          _____</p>	<p><b>International Categories:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Global  <input type="checkbox"/> ADR's  <input type="checkbox"/> EAFE  <input type="checkbox"/> European  <input type="checkbox"/> Pacific Rim  <input type="checkbox"/> Latin America  <input type="checkbox"/> Emerging Markets  <input type="checkbox"/> Others _____          _____</p>
<p><b>Real Estate:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Opportunistic  <input type="checkbox"/> Core  <input type="checkbox"/> Value Added  <input type="checkbox"/> High Yield  <input type="checkbox"/> European  <input type="checkbox"/> United States  <input type="checkbox"/> Latin America  <input type="checkbox"/> Florida  <input type="checkbox"/> Other _____          _____</p>	<p><b>International Fixed Income:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Government  <input type="checkbox"/> Corporate  <input type="checkbox"/> Aggregate  <input type="checkbox"/> Short Term Yield  <input type="checkbox"/> Core  <input type="checkbox"/> Core Plus  <input type="checkbox"/> High Yield  <input type="checkbox"/> Other _____          _____</p>	<p><b>Hedge Funds:</b>  <input type="checkbox"/> Commingled  <input type="checkbox"/> Separate Accounts  <input type="checkbox"/> Convertible Arbitrage  <input type="checkbox"/> Merger Arbitrage  <input type="checkbox"/> Event Driven  <input type="checkbox"/> Distressed Securities  <input type="checkbox"/> Equity market Neutral  <input type="checkbox"/> Equity Long/Short  <input type="checkbox"/> Florida  <input type="checkbox"/> Other _____          _____</p>	<p><b>Feed Back</b>          Please let us know if you would like a category added to the FPPTA website. The purpose of the Professional Services on our website is to better inform our trustees of the products you offer. We encourage our pension board members to utilize the website and support our member service providers.          _____          _____          _____</p>

## 2010 Mailing List

Please provide the names and addresses of colleagues within your company that you would like to receive mailings from the FPPTA.

Please print clearly.

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Colleagues:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_