



MEMBERSHIP APPLICATION

174 Crestview Drive, Bellefonte, PA 16823-8516
Phone: 814-357-9191 / Fax: 814-355-2452
Email: info@aadmm.com / Website: www.aadmm.com

Types of membership, qualifications, and membership dues (check one):

The membership year runs January 1 to December 31. Membership dues are payable by January 1 of each year. AADMM offers dues proration for NEW members only (anyone who has not been a member for three years or more). Prorated fees noted below.

ACTIVE - Membership fee: \$225 annually

NEW ACTIVE - - Membership fee: \$150

This category is for those who are engaged in the profession of daily money management services, paid or unpaid, those with interest but not yet in the practice of daily money management, and those who have retired from the profession. Active members will adhere to the Code of Ethics. Active members have one vote on matters of the Association and may serve in elected office within the Association. Active members are included on our Website reference list along with a hot link to their own websites.

AGENCY/BUSINESS - Membership fee: \$375 annually

NEW AGENCY/BUSINESS - Membership fee: \$300

\$100 per additional members (beyond the three included in the initial membership)

This membership level is for businesses or other organizations that provide daily money management services. One individual must be designated as the principal contact and voting member, but a total of 3 individuals working within that organization may be included on the AADMM website and have access to all member benefits. For Agency/or Business memberships, additional members (beyond the three included in the initial membership) may join AADMM for a fee of \$100 per member. Contact information for **each individual AND** a signed copy of the Code of Ethics must be submitted for **each individual**. (Note: If applying in this category, please refer to page 2 and provide contact information and signatures for additional members).

AFFILIATE - Membership fee: \$275 annually

NEW AFFILIATE - Membership fee: \$200

Affiliate members include those who provide services related to daily money management or to typical clients of the profession, and those who provide services and products to those engaged in daily money management or their clients. These members shall support the Code of Ethics, but do not have voting rights within the Association, nor may they hold elected office within the Association.

CONTACT INFORMATION

(Agency Business Members: List Principal contact information here and see page 2 for additional members)

Name (please print): _____

Business or Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

Website: _____ (Website will be hot linked in AADMM's online listings.)

Notice: Electronic communication is the most time-efficient and cost-effective method of transmitting important information about AADMM. By supplying your email and/or fax information, you are agreeing to accept electronic notices and news as part of your membership. In turn, the AADMM pledges to respect your privacy and will do its utmost to protect you from unsolicited communications by third parties.

The following statement must be signed for Active or Agency/Business membership in AADMM. Applicants in these categories must also submit a signed copy of the Code of Ethics attached to this application (also available on the website).

I certify that I am currently or will be actively providing Daily Money Management services, and that I will abide by the American Association of Daily Money Managers' Code of Ethics in my practice.

Signature: _____ Date: _____

CONTACT INFORMATION FOR ADDITIONAL AGENCY/BUSINESS MEMBERSHIPS

2 additional members included in membership

Name (please print): _____

Business or Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

I certify that I am currently or will be actively providing Daily Money Management services, and that I will abide by the American Association of Daily Money Managers' Code of Ethics in my practice.

Signature: _____ Date: _____

Name (please print): _____

Business or Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

I certify that I am currently or will be actively providing Daily Money Management services, and that I will abide by the American Association of Daily Money Managers' Code of Ethics in my practice.

Signature: _____ Date: _____

Additional members at \$100 each for Agency/Business Memberships

Name (please print): _____

Business or Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

I certify that I am currently or will be actively providing Daily Money Management services, and that I will abide by the American Association of Daily Money Managers' Code of Ethics in my practice.

Signature: _____ Date: _____

Name (please print): _____

Business or Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

I certify that I am currently or will be actively providing Daily Money Management services, and that I will abide by the American Association of Daily Money Managers' Code of Ethics in my practice.

Signature: _____ Date: _____

For additional members please photocopy this page

OPTIONAL DATA:

Clients Served: (check all that Apply):

- | | |
|--|--|
| <input type="checkbox"/> Seniors and Older Adults | <input type="checkbox"/> Small Business Owners |
| <input type="checkbox"/> Adult Children | <input type="checkbox"/> Military Personnel and Veterans |
| <input type="checkbox"/> Busy Professionals | <input type="checkbox"/> Non-profit Organizations |
| <input type="checkbox"/> High Net Worth Individuals and Families | |
| <input type="checkbox"/> People with disabilities, chronic illness, including mental illness | |
| <input type="checkbox"/> People in life transition (divorce, loss of spouse, newly engaged or married, new to the workforce) | |

Other _____

Services you provide: (check all that Apply):

- | | |
|--|--|
| <input type="checkbox"/> Bill payment services for individuals and families | <input type="checkbox"/> Fiduciary services (including POA, Trustee) |
| <input type="checkbox"/> Bill payment services for small businesses | <input type="checkbox"/> Financial coaching or counseling |
| <input type="checkbox"/> Financial record management | <input type="checkbox"/> Financial fraud issues |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Notary services |
| <input type="checkbox"/> Debt reduction | <input type="checkbox"/> Rep Payee court appointed work |
| <input type="checkbox"/> Negotiating with creditors | <input type="checkbox"/> Facilitation of household payroll |
| <input type="checkbox"/> Medical billing issues | |
| <input type="checkbox"/> Assisting family members or other professional who are named as fiduciaries | |
| <input type="checkbox"/> Tracking donations made to non-profits and gifts made to individuals | |

Other (please describe): _____

Date Business Established: _____

Do you carry professional Liability (also known as error and omissions) insurance?

Yes No If yes, who is the insurance carrier? _____

PAYMENT INFORMATION:

Membership Fees:

ACTIVE - \$225/year (New Active members prorated - \$150)

AGENCY/BUSINESS - \$375/year; \$100 per additional member (beyond three included in initial membership)
(New Agency members prorated - \$300)

AFFILIATE - \$275/year (New Affiliate members prorated - \$200)

TOTAL AMOUNT OF PAYMENT: \$_____

TO APPLY BY MAIL: Send completed application and check/money order payable to AADMM
To AADMM Business Office, 174 Crestview Drive, Bellefonte, PA 16823-8516

TO APPLY BY FAX: Fax completed application and credit card information
To AADMM Business Office Fax Number: 814-355-2452

CREDIT CARD INFORMATION: _____ **Visa** _____ **MasterCard**

Name on card (print)	Account Number
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Exp. Date	Security Code	Signature
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Email me a receipt for my records.

Please allow two weeks for your application to be processed following receipt by the AADMM Business Office.



Code of Ethics

The American Association of Daily Money Managers is committed to promoting high standards of client services provided by its members.

As Daily Money Managers (DMMs), we provide assistance to clients who have difficulty managing their personal monetary and/or business affairs. As DMMs, we are not acting as accountants, financial advisors, or attorneys. Unless separately educated and properly licensed to do so.

DMMs shall have concern for the wellbeing of their clients.

DMMs shall treat clients, their family members, colleagues, and other professionals with fairness, discretion and integrity.

DMMs shall not exploit their clients financially, socially, emotionally, sexually, physically, or in any other manner.

DMMs shall avoid those relationships or activities that interfere with professional judgement and objectivity.

DMMs shall disclose in writing any affiliations, association, or interest that may pose a potential conflict of interest or the appearance of impropriety.

DMMs shall strive to ensure fees are fair, reasonable, and commensurate with the services performed.

DMMs shall take reasonable precautions to avoid harm to the client or his/her property.

DMMs shall respect the right of their clients.

DMMs shall protect the client's right to privacy and confidentiality in accordance with the laws of the state where the services are performed.

DMMs shall achieve and maintain high standards of competence.

DMMs shall accurately represent their professional experience and training and shall not act in any capacity for which they are not separately educated and properly licensed.

DMMs shall keep current with issues affecting their clients (health insurance, consumer fraud, etc.) and maintain all licenses, registrations, certifications, and insurance required by law to perform their services.

DMMs shall refer clients to other service providers or consult with the other service providers when additional knowledge and expertise are required.

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Signature: _____

Date: _____

Printed Name: _____