



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.

ACTIVE

Membership fee: \$225 annually

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

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

This membership level is for multi-person businesses or other organizations that provide daily money management services. The membership includes three employees of the same business or organization but one individual must be designated as the principal contact and voting member. A total of three individuals working within that organization may be included on the AADMM website and have access to all member benefits. There is a fee of \$100 per person for any additional employees who wish to join. 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

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, 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:

The information you provide below regarding clients served and services will be added to your member profile. This will allow potential clients and referral sources to learn more about your business. Please complete the following questions with the understanding that the information will be added to your member profile on the AADMM website. You will have the access to update to your profile directly through the website as needed.

Clients Served: (check all that Apply):

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

Services you provide: (check all that Apply):

- Bill payment services for individuals and families Bill payment services for small businesses
- Financial record management Budgeting Debt reduction Negotiating with creditors
- Medical billing issues Fiduciary services (including POA, Trustee)
- Assisting family members or other professional who are named as fiduciaries
- Financial coaching or counseling Financial fraud issues Notary services
- Rep Payee court appointed work Facilitation of household payroll
- 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? _____

Complete your application on the next page.

COMPLETING YOUR APPLICATION:

Membership Fees:

ACTIVE- \$225/year

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

AFFILIATE - \$275/year

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

TO APPLY BY EMAIL: Scan completed application and credit card information and email to
info@aadmm.com

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

Name on card (print)

Account Number

Exp. Date

Security Code

Signature

_____ **Email me a receipt for my records.**

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

For office use only:

AADMMBG2019



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: _____