www.FeeAdvisorsNetwork.com

Trial Membership Application

Name:		
City:	State:	Zip:
Phone:	Fax:	E-Mail:
() Independent RIA	or () B/D Affiliation:	
Name of Your Firm:		
How did you hear abo	ut the Network?:	
Membership	Status:	
() Free 60 day trial -	(2 months)	
Trial Membership	Acknowledgement:	
•		ree 60-day trial membership with the Fee Advisors is Report, at my request, within this 2-month timeframe.
I understand that I will join as a paid member		ys prior to expiration of my free trial to have the option to
*	e to become a member, I will re within my paid 12-month term	eceive an additional one (1) Free Policy Analysis
Signature:		bmitting) Date:
(Please p	orint out and sign document before su	bmitting)
Please complete	the Free Trial Application and	Notice of Proprietary Material and submit
	By M The Fee Advisors Network / 23	fail: 7 Carter Drive / Troy, MI 48098
	By F (248) 250	

Or, Scan & E-Mail to: FeeAdvNtwrk@aol.com





www.FeeAdvisorsNetwork.com

Notice of Proprietary Material

In joining the Fee Advisors Network, I hereby agree that all material available to me, whether received as part of my membership, made available in the Members-Only section of the Network website, provided in written form, disk, CD, fax, e-mail, or sent to me in any other format - is proprietary material of the Fee Advisors Network.

That such material is for my personal use for the purpose of education, learning, instruction, client presentation, seminar presentation to potential clients (cannot be used for any professionals in the financial services industry, other than CPA's and Attorney's), and marketing my services to the general public as a member of the Network.

That any use, other than that which is stated, is prohibited without the written consent of the Fee Advisors Network. Prohibited use includes, but is not limited to, teaching, instructing, or equipping other financial professionals who are not members of the Network, unless such professionals are limited in their activity to that of recommendation and/or referral of potential clients to the undersigned.

Exposure of said material to other financial services professionals that function in a capacity of advisor or financial planner, with the ability to recommend and/or implement product, is strictly prohibited without the written permission of the Fee Advisors Network.

I also agree that all such material provided to me by the Network, as stated above, will be destroyed or returned to the Network upon expiration or termination of my membership; and that with my membership status being inactive, that all such material, as stated above, can no longer be used in any manner. This agreement is applicable to all or to any related parties and associations that I have, or may have, contact with.

Print Name	(Please print out and sign document before submitting) Signature
Dated:	

THIS FORM $\underline{\text{MUST}}$ BE COMPLETED AND RETURNED WITH MEMBERSHIP APPLICATION