



MEMBERSHIP APPLICATION

174 Crestview Drive, Bellefonte, PA 16823-8516
Toll Free: 877-326-5991 / 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: \$175 annually (discounted to \$300 if two years are paid at one time).

This category is for individuals who are engaged in the profession of daily money management services, paid or unpaid, and who 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: \$325 annually (discounted to \$600 if two years are paid at one time).

\$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: \$175 annually (discounted to \$300 if two years are paid at one time).

Affiliate members include those with interest but not yet in the practice of daily money management, those who have retired from the profession, 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



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 personal business assistance to clients who have difficulty managing their personal monetary and 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 well being of their clients.

DMMs shall provide services in an equitable manner for all their clients.

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 judgment and objectivity.

DMMs shall disclose any affiliations that may pose a conflict of interest.

DMMs shall not exploit a relationship with a client for personal or financial gain.

DMMs shall strive to ensure fees are fair, reasonable and commensurate with the services performed. All fees for daily money management services are to be discussed with the client or other person accepting responsibility for payment prior to the initiation of services.

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

DMMs shall respect the rights 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 maintain detailed, accurate, financial records for the client, based on information made available from client. (Deposits into and withdrawals from financial accounts shall be documented in terms of the source of the deposit and the purpose of the expenditure.)

DMMs shall achieve and maintain high standards of competence.

DMMs shall accurately represent their professional experience and training when requested by their client, client's family or someone looking out for the client, prospective client and other professionals.

DMMs shall keep current with issues affecting their clients (health insurance, consumer fraud, etc.)

DMMs shall keep current with public and private services available to their clients, for use in resource referrals.

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

DMMs shall define his/her role clearly to other professionals.

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

Signature: _____ Date: _____

Printed Name: _____