



Associate Membership Application

Part 1

CONTACT INFORMATION FOR ORGANIZATION

Firm Name:

Address:

City: State/Province:

Zip/Postal Code:

Phone: Fax:

Website:

PRINCIPAL CONTACT

Name:

Title:

Department:

Address:

City: State/Province:

Zip/Postal Code:

Phone: Fax:

Email Address:

DUES CONTACT

Name:

Title:

Department:

Address:

City: State/Province:

Zip/Postal Code:

Phone: Fax:

Email Address:



Associate Membership Application

Part 2

FIRM INFORMATION

How would you describe your firm? (e.g., XYZ Consultants is a leading back office technology firm offering execution, clearance and settlement solutions to boutique institutional broker-dealers and asset management firms.)

Parent company, if any:

Other related companies, including all broker-dealers, registered investment advisor (if any):

Other Professionals to be included on general mailing list:

Name:

Area of Interest/Expertise:

Title:

Department and Floor:

Address:

City: State/Province:

Zip/Postal Code:

Phone: Fax:

Email Address:



Associate Membership Application

Part 2

Name:

Area of Interest/Expertise:

Title:

Department and Floor:

Address:

City: State/Province:

Zip/Postal Code:

Phone: Fax:

Email Address:

Please state any market, regulatory or industry issues of special concern to your firm.

Please state how you would like to benefit from your SIFMA membership.



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Part 3

Which of the following financial markets/products/services is your firm primarily involved?
(Check all that apply).

- Agency Securities
- Alternative Investments
- Asset-Backed Securities
- Asset Management
- Corporate Bonds
- Credit Derivatives
- Equity Securities
- Funding/Repurchase Agreement
- Government Securities
- Hedge Funds
- Interest Rate Derivatives
- Other
- Management Consulting
- Money Market Instruments
- Mortgage Securities
- Municipal Securities
- Operations
- Options
- Private Client
- Securities Regulation
- Securitization
- Technology



Associate Membership Application

Part 4

DUES INFORMATION

Associate member dues are based on the headcount of the entire entity that is applying for membership. The following information will be treated in strict confidence by SIFMA staff and used only for dues calculation purposes.

- Total number of employees for the applicant's organization :

MEMBERSHIP AGREEMENT

We hereby apply for membership in SIFMA, and if admitted, agree:

- To comply with the By-Laws of the Association and to advance its purposes; and
- To pay such initial dues and assessments that are agreed to by the applicant and other dues, assessments and charges in the manner and amount as shall from time to time be fixed by the Association's Board of Directors pursuant to the By-Laws.
- Provision of future notices will be sent by SIFMA to the principal contact by means of electronic transmission.
- I/We hereby certify that the statements made herein are true and complete. I/We understand that in the event false information is given in this application or there are omissions of material facts, admission to membership in SIFMA will automatically be denied; or if admission has previously been granted, such false information will be grounds for expulsion.

Sign:

Date:

Enter name above as your electronic signature.

DIRECTIONS:

To complete the membership process, SIFMA requires the following:

- Completed & Signed membership application
- The applicant's acknowledgement via email to confidential dues quote
- The applicant's confirmation via email that it wishes to be presented to SIFMA's Board for final approval for membership

To send in your completed application:

- Type in your information, save the PDF to your desktop or hard drive and e-mail back to Travis Horel at thorel@sifma.org

OR

- Type in your information, print this form and fax to 212-962-7305 Attn: Travis Horel

.....HfUj Jg'<cfY`

SIFMA
1101 New York Ave, 8th Floor, Washington, DC 20005
Phone: 202.962.7393 **Fax:** 202.962.7305
Email: thorel@sifma.org