



# Broker Dealer Membership Application

Part 1

## CONTACT INFORMATION FOR ORGANIZATION

Firm Name:

Address:

City:  State/Province:

Zip/Postal Code:

Phone:  Fax:

Website:

## PRIMARY/PROXY CONTACT

Name:

Title:

Department:

Address:

City:  State/Province:

Zip/Postal Code:

Phone:  Fax:

Email Address:

## DUES CONTACT (if different from above)

Name:

Title:

Department:

Address:

City:  State/Province:

Zip/Postal Code:

Phone:  Fax:

Email Address:



# Broker Dealer Membership Application

Part 2

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## FIRM INFORMATION

How would you describe your firm? (e.g., XYZ Securities is a full service broker-dealer and registered investment advisor serving retail customers. The firm offers stock, bonds, and mutual funds. We also offer retirement plan services to small institutions.)

Please describe below:

Number of employees

Number of Independent Contractors (if any)

Clearing firm(s) used:

Parent company, if any:

Year organized:

Please list other affiliated companies, including all broker-dealers, asset management firm, etc.:



# Broker Dealer Membership Application

Part 3

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:

Check here if you have more entries.

...To enter more entries, please go to Part 5.

## Market Interests: (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Asset Management                         | <input type="checkbox"/> Money Market                       |
| <input type="checkbox"/> Corporate Credit Markets                 | <input type="checkbox"/> Municipals                         |
| <input type="checkbox"/> Derivatives                              | <input type="checkbox"/> Private Client / Wealth Management |
| <input type="checkbox"/> Equities                                 | <input type="checkbox"/> Regional Capital Markets           |
| <input type="checkbox"/> Government / Federal Agency              | <input type="checkbox"/> Repo / Securities Lending          |
| <input type="checkbox"/> Hedge Fund / Alternative Investment      | <input type="checkbox"/> Securitization                     |
| <input type="checkbox"/> Other (please list) <input type="text"/> |   |



# Broker Dealer Membership Application

Part 4

**Functional Interests: (Please check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Administration                 | <input type="checkbox"/> Operations                               |
| <input type="checkbox"/> Credit / Risk Management       | <input type="checkbox"/> Portfolio Manager                        |
| <input type="checkbox"/> Finance / Accounting           | <input type="checkbox"/> Regulatory                               |
| <input type="checkbox"/> Financial / Investment Advisor | <input type="checkbox"/> Research                                 |
| <input type="checkbox"/> Government Relations           | <input type="checkbox"/> Risk Management                          |
| <input type="checkbox"/> HR / Diversity                 | <input type="checkbox"/> Sales / Trading                          |
| <input type="checkbox"/> Internal Audit                 | <input type="checkbox"/> Technology                               |
| <input type="checkbox"/> Legal / Compliance             | <input type="checkbox"/> Underwriting / Banking                   |
| <input type="checkbox"/> Marketing / PR / Advertising   | <input type="checkbox"/> Other (please list) <input type="text"/> |

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.



# Broker Dealer Membership Application

Part 4

## 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:

1. Completed & Signed membership application
2. Completion of [Dues Questionnaire](#) (Please complete a separate questionnaire for each broker-dealer applicant.)
3. The applicant's acknowledgement via email to confidential dues quote
4. 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 Rob Gannon at [rgannon@sifma.org](mailto:rgannon@sifma.org)

**OR**

- Type in your information, print this form and fax to 212-313-1028 Attn: Rob Gannon

**Robert F. Gannon**  
SIFMA  
120 Broadway, 35<sup>th</sup> Floor, New York, NY 10271  
**Phone:** 212.313.1287 **Fax:** 212.313.1028  
**Email:** [rgannon@sifma.org](mailto:rgannon@sifma.org)



# Broker Dealer Membership Application

Part 5

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:

Name:

Area of Interest/Expertise:

Title:

Department and Floor:

Address:

City:  State/Province:

Zip/Postal Code:

Phone:  Fax:

Email Address: