



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 _____



FIRM INFORMATION

How would you describe your firm? (e.g., XYZ Asset Management manages over \$XX billion of assets on behalf of institutional and individual investors worldwide through its wholly-owned registered investment advisor. It is one of the largest managers of pension investments in the U.S.)

Total assets under management _____

Parent company, if any _____

Other related companies, including any broker-dealers (if any) _____

Type of organization (please check appropriate items):

Traditional Asset Manager

Hedge Fund

REIT

Insurance

Other (please explain):



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 _____

MARKET INTERESTS (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> G-20 Developments | <input type="checkbox"/> Systemic Risk |
| <input type="checkbox"/> Loan Modification Proposals | <input type="checkbox"/> Volker Rule |
| <input type="checkbox"/> Operations activities of
The Asset Managers Forum | <input type="checkbox"/> Events, Conferences and Media Relations
Regarding Initiatives of the Asset Management
Group in cooperation, from time to time, with
The Asset Managers Forum |
| <input type="checkbox"/> OTC Derivatives | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Securitization | |



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 Asset Management Group membership.



MEMBERSHIP AGREEMENT

We hereby apply for membership in SIFMA Asset Management Group, 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 Asset Management Group 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 Asset Management Group 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

Type in your information, save the PDF and e-mail the completed membership application to SIFMA’s Member Engagement Team at Join@sifma.org.

To complete the membership process, SIFMA requires the following:

1. Completed and signed membership application emailed to SIFMA’s Member Engagement Team at Join@sifma.org.
2. The applicant’s acknowledgement via email to confidential dues quote.
3. The applicant’s confirmation via email that it wishes to be presented to SIFMA’s Board for final approval for membership.

For any additional questions or help completing this application, please contact SIFMA Member Engagement at 212-313-1150 or Inquiry@sifma.org.



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 _____