

CONTACT INFORMATION FOR ORGANIZATION			
Firm Name			
Address			
City	State/Province		
Zip/Postal Code			
Phone	Fax		
Website			
PRIMARY/PROXY C	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			



Membership Application | PART 2

FIRM INFORMATION

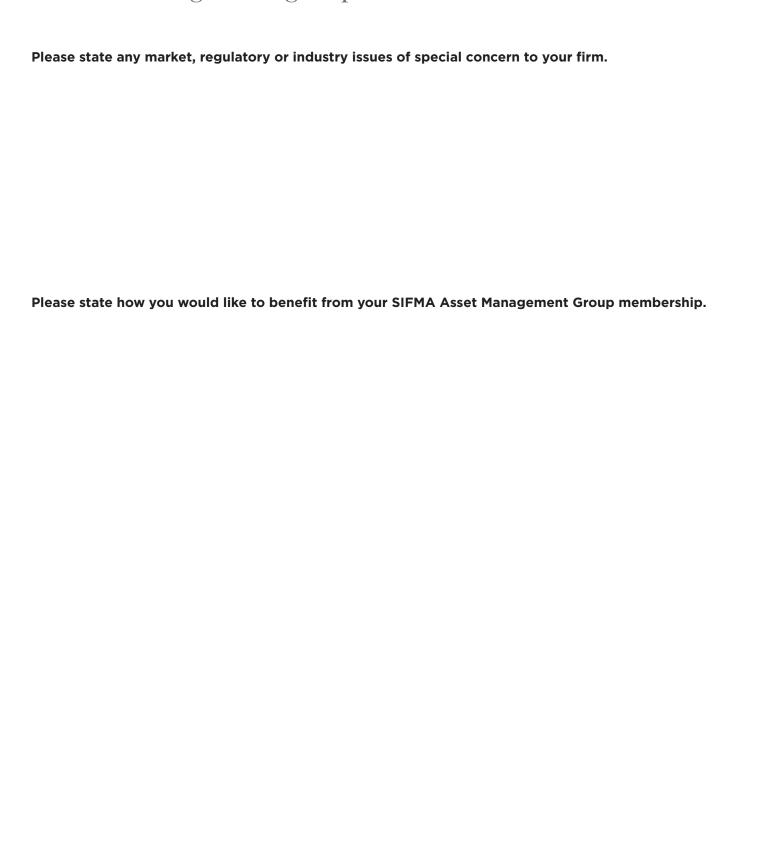
How would you describe your firm? (e.g., XYZ Asset Management manages over \$XX billion of assets on behalf of institutional and individual investors worldwide through its wholly-owned registered investment advisor. It is one of the largest managers of pension investments in the U.S.)

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







Membership Application | PART 5

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	
J	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 <u>Join@sifma.org</u>.
- 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 lnquiry@sifma.org.



OTHER PROFESSIONALS TO BE INCLUDED ON GENERAL MAILING LIST			
Name			
Area of Interest/Expertise			
Title	itle		
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			