



Associate Membership Application | PART 1

CONTACT INFORMATION FOR ORGANIZATION

Firm Name _____

Address _____

City _____ **State/Province** _____

Zip/Postal Code _____

Phone _____ **Fax** _____

Website _____

PRIMARY 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 _____



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



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 _____

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.



Associate Membership Application | PART 3

WHICH OF THE FOLLOWING FINANCIAL MARKETS/PRODUCTS/SERVICES IS YOUR FIRM PRIMARILY INVOLVED? (Check all that apply)

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



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 US-based 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

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.