

NAAIM Associate Member Application

Date _____

Calendar Year Dues: \$600.00

How did you hear about NAAIM? _____

(Please Print)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Company Contact Name _____

Primary Company Title: _____

E-Mail Address: _____

Web Site Address: _____

Additional Contacts (please print)

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Return this form completed with credit card information, or a check, payable to NAAIM and fax or mail to:

NAAIM

**6732 W. Coal Mine Ave., #446
Littleton, CO 80123**

888-261-0787 • (Fax) 303-979-2192

Info@naaim.org • www.naaim.org

Check enclosed payable to NAAIM

Charge to ___ VISA ___ MasterCard or ___ Amex

Card Number _____

Exp. Date _____

Signature of Card Holder _____

Credit card billing address if different from the company address:

Street _____

City, State, Zip _____

The following Statement of Adherence must be signed for membership approval.

Statement of Adherence: Membership in NAAIM shall constitute a continuing representation of the member to NAAIM that such member is without knowledge of any fact or facts that would constitute professional misconduct by the member or covered person(s) associated with the member as defined in Section 7 of the NAAIM Bylaws.

I, _____, hereby affirm my receipt and understanding of the foregoing representation and by my signature below deliver our annual statement of adherence to the governing documents of NAAIM (Articles of Incorporation and Bylaws, Code of Ethics, Performance Measurement Standards, Fair Practice Policy) found at www.naaim.org. Any exceptions as defined in Section 7(b) Professional Misconduct, are reported below as required.

Signature Date

Exception(s) to statement of adherence: _____

Associate Member Type (please check appropriate listing and explain in further detail)

Firm Name: _____

Product or Service Offered:

- Back Office Software Provider
- Investment Software Provider
- Mutual Fund or Variable Annuity
- Trust Company
- Investment Provider
- Consultant
- Other _____

Description of Services (100 words or less): _____

