



# Membership Application

## How did you hear about NAAIM?

- NAAIM advertisement
- NAAIM conference or Workshop
- Referral
- NAAIM direct mail
- Other meeting or conference
- Name of Referral: \_\_\_\_\_
- Email promotion
- NAAIM Website
- Other \_\_\_\_\_

## Contact Information

Please print or type:

Name \_\_\_\_\_  
 First MI Last Suffix

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Additional Professional Information

What is your primary Profession? (select one)

- Investment Advisor (Retail Clients)
- Investment Analyst/Research
- Technical Analyst
- Money Manager or Sub-Advisor
- Signal Provider
- Institutional Sales Representative
- Other \_\_\_\_\_

Firm Securities Registration Type?

- Registered Investment Advisor (Independent)
- Registered Representative only (Series 7)
- Investment Advisor Representative with a Broker-Dealer
- Limited Securities License: Mutual Funds and Variable Annuities (Series 6)
- Dually registered (Both of the Above)
- Not registered

Please provide your IARD or CRD registration # \_\_\_\_\_

## Statement of Adherence

Signature is required 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: \_\_\_\_\_

## Membership Categories (select one)

Regular Member	<input type="checkbox"/> \$300	Must be registered as an investment advisor with the Securities and Exchange Commission or with any state securities administration for a period of at least one year; regularly engaged in active investment management for client accounts; and subscribe to the NAAIM Code of Ethics and Fair Practices Policy
Special Member	<input type="checkbox"/> \$300 Membership must be approved by the NAAIM Board of Directors and will last for one calendar year.	Must be regularly engaged in active management for client accounts; subscribe to the NAAIM Code of Ethics and Fair Practices Policy.
Associate Member* Please check appropriate firm products or services offered: <input type="checkbox"/> Back Office Software Provider <input type="checkbox"/> Investment Software Provider <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Trust Company <input type="checkbox"/> Investment Provider <input type="checkbox"/> Consultant <input type="checkbox"/> Other	<input type="checkbox"/> \$600 *Includes up to 5 company representatives Membership fee waived for National, Platinum, Gold and Silver NAAIM sponsors.	Persons providing products or services to, related to, or investments utilized by regular members. For example and without limitation, mutual funds, trust companies, broker dealers, investment advisors to mutual funds, newsletters, performance measurement firms, pension administrators, firms providing professional services to regular members and such other individuals or firms as the Board of Directors shall designate.

## Payment Details

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

**NAAIM**

**6732 W. Coal Mine Ave., #446 • Littleton, CO 80123 • [info@naaim.org](mailto:info@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:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership dues are for one calendar year and will not be prorated. A link to activate your membership will be emailed to you upon approval of your application and receipt of your dues payment. If you have any questions, please contact Susan Truesdale at [info@naaim.org](mailto:info@naaim.org) or 888-261-0787.