



Membership Application

How did you hear about NAAIM?

- RENEWING my membership
- NAAIM advertisement
- NAAIM direct mail
- Email promotion
- NAAIM conference or Workshop
- Other meeting or conference
- NAAIM website
- Referral
Name of Referral: _____
- Other _____

Contact Information

Please print or type:

Name _____
 First MI Last Suffix

Title _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell Phone _____

Email _____

Company Website Address: _____

AUM per latest ADV: _____

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

Please provide your IARD or CRD registration # _____

Statement of Adherence

Membership in NAAIM shall constitute a continuing representation of the member to NAAIM that such member shall adhere to NAAIM's Articles of Incorporation, Bylaws, Code of Ethics and Fair Practices Policy ("Governing Documents"). I hereby affirm my receipt and understanding of the foregoing representation and by my signature below deliver this annual statement of adherence to the Governing Documents of NAAIM found at www.naaim.org.

Signature _____

Date _____

Membership Categories (select one)

NAAIM Membership Categories (select one):

Regular Member	<input type="checkbox"/> \$300 <input type="checkbox"/> \$750 - Up to 5 individuals employed by the same company can join as regular or special members.	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 individual retail 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.

Additional applicants in group membership:

Name: _____ Email _____ Phone _____
 Name: _____ Email _____ Phone _____
 Name: _____ Email _____ Phone _____
 Name: _____ Email _____ Phone _____

Payment Details

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

NAAIM
6732 W. Coal Mine Ave., #446 • Littleton, CO 80123 • info@naaim.org • fax: 720-749-1367

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 pro-rated. 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 or 888-261-0787.