

NAAIM Associate Membership Application

**Associate Member
Dues: \$600**

- Dues are included with National, Platinum, Gold and Silver Sponsorship packages
- Membership is held by the firm.
You are permitted to have up to 5 member contacts.

Referred by _____ Date _____
(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 _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

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 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 _____

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) 720-749-1367
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 _____

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): _____
