

Membership Application

(Rev 2019-1016)

To Become an AICA Member:

- 1. Completely fill out the Membership Application
- 2. Completely fill out the Payment Information
- 3. Submit completed and signed documents to AICA Membership Committee

For questions, please email membership@aicalliance.org Membership ___ Fund Sponsor ___ Specialist Firm / Product Sponsor Classification Newsletter / Subscription Service Associate Member Service Provider Member Firm Name: Work Phone: Mailing Address: Email Address: LinkedIN Page: _____ Twitter Account: Fund Sponsor Members # Total CEFs/BDCs: Total Gross \$ AUM: AUM as of Date: Primary Contact: Title: Work Phone: Cell Phone: Email Address: Investment Management Contact: Time Zone: EST, CST, MST, PST Work Phone: Title: Cell Phone: Email Address: Sales Contact: Time Zone: EST, CST, MST, PST

Title: Cell Phone: IR/PR Contact: Title:	Email Address: Time Zone: EST, CST, MST, PST Work Phone: Email Address: Time Zone: EST, CST, MST, PST Work Phone:		
Cell Phone: Billing Contact: Title:			
Primary Contact: Year Started: At Company: In FINRA Licenses: (if applicable)	Industry:/ Year & Month Born:/		
College / Educational Information: School(s	Degree(s): its involvement with listed / non-listed CEFs / BDCs:		
(Voting member)	be considered for the Board of Directors?YesNo		
Advisory Council Interest: Want to (Non-voting member)	be considered for the Advisory Council? Yes No		

You are welcome to attached additional materials to this application outlining your Board or Advisory Council experience and skills

AICA Committee Interest:							
Membership Finance 0	Content & Events Website Press & Advisor Engagement						
Marketing / CommunicationBoard DevelopmentStrategic Partnerships & Lobbying Briefly describe your experience and talents that may be of benefit to AICA and your committee / board/ council interest above:							
						Mer	mbership Dues Information
						Membership Dues: \$	mbership Dues: \$ Payments: Semi Annual / Annual (circle one)
Need Invoice?: Yes No							
Name on Card:	ent: Check / Wire / ACH Credit Card Card Type: Card Number:						
	Security Code: Billing Zip Code:						
Authorized Signature:	Title:						
Optional References							
Name:	Phone:						
Email:	Company:						
How & how long you've known them	n?:						
Name:	Phone:						
Email:							
How & how long you've known them	n?:						

Membership Application Confirmation:

I affirm that the information contained in this application for membership is correct and true to the best of my ability and knowledge. I will keep AICA informed and updated on any material changes to the information.

Member Applicant Name: ______

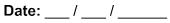
Member Applicant Signature: _____

Date: ___ / ___ / ____

AICA USE ONLY & CONFIDENTIAL

Accepted by Membership Committee:	Name:	
	Title: Date://	
	Signature:	

Board of Directors Vote:	In Favor	Opposed	Abstained





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