

# APPLICATION FOR MEMBERSHIP



Please return completed application to the IAA via Email: [join@investmentadviser.org](mailto:join@investmentadviser.org) or  
Mail: IAA at: 818 Connecticut Ave, NW, Suite 600, Washington DC 20006. Payment may be submitted with application, but it is not a requirement for submission. Your firm will be invoiced after receipt of application.  
**Membership does not and may not be used to imply IAA endorsement of any firm, products, services, or personnel.**

## Firm Contact Information - PLEASE PRINT OR TYPE ALL RESPONSES

|                  |                    |                        |
|------------------|--------------------|------------------------|
| Firm Name        | Acronym            |                        |
| Mailing Address  | Suite/Floor Number | City, State & Zip Code |
| Telephone Number | Website            |                        |

## Firm Information

1. Please provide your firms CRD number: \_\_\_\_\_
2. How many years has your firm been in business as an investment adviser? \_\_\_\_\_
3. Your firm's regulatory assets under management as reported on the most recent Form ADV: \_\_\_\_\_
4. Is your firm currently registered as an investment adviser with the Securities and Exchange Commission (SEC)?  Yes  No
5. How did you discover the IAA? \_\_\_\_\_
6. Please indicate the name of any individual or firm that referred you to the IAA: \_\_\_\_\_
7. Indicate your firm's areas of interest (check all that apply):  Advocacy Efforts  Educational Programs  Compliance Resources  
 Legal Team Access  Newsletter and Publications  Certification Programs  Networking Opportunities  Other: \_\_\_\_\_

## Firm Staff Information (Email addresses serve as the username for IAA online access.)

### "Primary Contact" to the IAA for official matters and notices

Mr.  Ms.

|                  |               |  |  |  |
|------------------|---------------|--|--|--|
| First Name       | Middle Name   | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |               |  |  | <input type="checkbox"/> Go Paperless? |
| Title/Position   | Email Address |  | Receive IAA communications only by email when possible |  |
| Telephone Number | Fax Number    | Address (if different from firm mailing address) |  |  |

### "Secondary Contact" to the IAA for official matters and notices

Mr.  Ms.

|                  |               |  |  |  |
|------------------|---------------|--|--|--|
| First Name       | Middle Name   | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |               |  |  | <input type="checkbox"/> Go Paperless? |
| Title/Position   | Email Address |  | Receive IAA communications only by email when possible |  |
| Telephone Number | Fax Number    | Address (if different from firm mailing address) |  |  |

### "Primary Compliance" contact to the IAA for compliance matters (same person as primary or secondary contact)

Mr.  Ms.

|                  |               |  |  |  |
|------------------|---------------|--|--|--|
| First Name       | Middle Name   | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |               |  |  | <input type="checkbox"/> Go Paperless? |
| Title/Position   | Email Address |  | Receive IAA communications only by email when possible |  |
| Telephone Number | Fax Number    | Address (if different from firm mailing address) |  |  |

### "Billing Contact" for membership dues invoices (same person as primary or secondary contact)

Mr.  Ms.

|                  |               |  |  |  |
|------------------|---------------|--|--|--|
| First Name       | Middle Name   | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |               |  |  | <input type="checkbox"/> Go Paperless? |
| Title/Position   | Email Address |  | Receive IAA communications only by email when possible |  |
| Telephone Number | Fax Number    | Address (if different from firm mailing address) |  |  |

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Application Continues



**“Public Contact” for public listing of IAA member firms (same person as primary or secondary contact)**

Mr. Ms.

|                  |             |  |  |  |
|------------------|-------------|--|--|--|
| First Name       | Middle Name | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |             |  |  | <input type="checkbox"/> Go Paperless? |
| Title/Position   |             | Email Address                                    | Receive IAA communications only by email when possible |  |
| Telephone Number | Fax Number  | Address (if different from firm mailing address) |  |  |

**Additional firm staff to receive member benefits**

Mr. Ms.

|                  |             |  |  |  |
|------------------|-------------|--|--|--|
| First Name       | Middle Name | Last Name  | Suffix & Designation(s)                                | Preferred Name                         |
|                  |             |  |  | <input type="checkbox"/> Go Paperless? |
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| Telephone Number | Fax Number  | Address (if different from firm mailing address) |  |  |

Your firm's IAA membership will allow an unlimited number of its employees to receive IAA member benefits.

Please attach additional pages to add more firm staff. Thank you!