



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 Classification Fund Sponsor Specialist Firm / Product Sponsor
 Newsletter / Subscription Service Associate Member Service Provider

Member Firm Name: _____

Mailing Address: _____ Work Phone: _____
 _____ Website: _____
 _____ Email Address: _____

LinkedIn Page: _____ Twitter Account: _____

Fund Sponsor Members

Listed CEFs: _____ Gross \$AUM _____ # Nonlisted CEFs: _____ Gross \$AUM: _____
 # Listed BDCs: _____ Gross \$AUM _____ # Nonlisted BDCs: _____ Gross \$AUM: _____
 # 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
 Title: _____ Work Phone: _____
 Cell Phone: _____ Email Address: _____
 Sales Contact: _____ Time Zone: EST, CST, MST, PST

Title: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

IR/PR Contact: _____ Time Zone: EST, CST, MST, PST

Title: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Billing Contact: _____ Time Zone: EST, CST, MST, PST

Title: _____ Work Phone: _____

Fax: _____ Email Address: _____

Primary Contact:

Year Started: At Company: _____ In Industry: _____ Year & Month Born: ____ / ____

FINRA Licenses: _____ CRD #: _____
(if applicable) (if applicable)

College / Educational Information: School(s): _____ Degree(s): _____

Please briefly describe your company and its involvement with listed / non-listed CEFs / BDCs:

Board of Directors Interest: (Voting member) Want to be considered for the Board of Directors? __ Yes __ No

Advisory Council Interest: (Non-voting member) Want to 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 Content & Events Website Press & Advisor Engagement

Marketing / Communication Board Development Strategic Partnerships & Lobbying

Briefly describe your experience and talents that may be of benefit to AICA and your committee /

board/ council interest above: _____

Membership Dues Information

Membership Dues: \$ _____ Payments: Semi Annual / Annual (circle one)

Need Invoice?: Yes No

Payment: Check / Wire / ACH Credit Card Card Type: _____

Name on Card: _____ Card Number: _____

Expiration Date: ____ / ____ / ____ Security Code: _____ Billing Zip Code: _____

Authorized Signature: _____ Title: _____

Optional References

Name: _____ Phone: _____

Email: _____ Company: _____

How & how long you've known them?: _____

Name: _____ Phone: _____

Email: _____ Company: _____

How & how long you've known them?: _____

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

Date: ___ / ___ / _____



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