



Membership Application
(Rev 2025-0225)

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
 ___ Service Provider ___ Other: _____

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: _____

(if applicable)

CRD #: _____

(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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