## International Affiliate Membership Application

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## Information about your company

, , ,				
Company Name				
Company Address				
City	State or Province	Country	Postal or ZIP Code	
Website Address	Phone Number		Date Founded	
Mailing Address (if different)				
City	State or Province	Country	Postal or ZIP Code	
Is your company a multinational company? O Yes O No	If your company is a multinational, what is the name of your parent company?			
Who in your company will be our primary contact?				

	. ,	' '			
Last/ Family Name					
First/ Given Name					
Title					
Phone					
Email					

Who in your company should receive the membership invoice?

· · · · · ·
Last/ Family Name
First/ Given Name
Title
Phone
Email

## Information about your business

What type is your company?

○ Agency ○ Bank ○ Broker ○ Wealth Management/Investment Firm ○ Other (please specify)					
	○ Agency	○Bank	O Broker	O Wealth Management/Investment Firm	Other (please specify)

## Information about your leadership

Your membership entitles your company to receive many valuable benefits, please let us know who the Senior Executives responsible for the following areas are in your company.

responsible for the following are	as are in your company.			
Chief Executive Officer		Chief Research Officer		
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Chief Marketing Officer		Chief Distribution Officer		
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Chief Selection/Recruitment Officer		Chief Agent and Field Manage	ment Development Officer	
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
	Chief Human Resources Officer			
	Last/Family Name			
	First/Given Name			
	Title			
	Phone			
	Email			

**Print Form** 

**Email Form** 

