

# Industry Associate Membership (IAM) Application



## I. Corporate Data

Company Name: \_\_\_\_\_

Name as it should be listed in NAIBD's membership records (if different): \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Corporate Headquarters: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name(s) under which the company has done business in the past 5 years and is doing business now:  
\_\_\_\_\_

Name(s) of parent holding company: \_\_\_\_\_

How long has the company been in business: \_\_\_\_\_

Web Site address: \_\_\_\_\_  Include copy of logo in jpg format

<input type="checkbox"/> Check here to grant permission for use of logo on NAIBD website	<input type="checkbox"/> Check here to indicate enclosed payment
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## II. Principal Officers

To ensure that information, benefits and other pertinent data reach the appropriate person, please complete the following:

Senior Officers: Key Contact (person(s) responsible for decision-making for the BD area)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager: Key Contact (person(s) responsible for decision-making for the BD area)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

In House Advertising: Key Contact (person(s) responsible for decision-making for the BD area)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please attach to this application a paragraph describing your company as well as a company logo in electronic format.

### III. Business Activities

Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> CE/Training            | <input type="checkbox"/> Clearing/Custody                        |
| <input type="checkbox"/> Back Office Technology | <input type="checkbox"/> Software                                |
| <input type="checkbox"/> Telephone              | <input type="checkbox"/> Portfolio Management/Financial Planning |
| <input type="checkbox"/> Website Development    | <input type="checkbox"/> Other (Please specify): _____           |
| <input type="checkbox"/> Service Bureau         |  |
| <input type="checkbox"/> Compliance Services    |  |

### V. Agreement

If accepted as a participant in member of NAIBD's Industry Associate Membership: The benefits offered to this category of member may be amended by NAIBD's Board of Directors. NAIBD reserves the right to revoke and/or to refuse membership to any applicant at its sole discretion.

By signing below, the applicant agrees to release to NAIBD the right to use its logo (provided herewith) in publications and on its website, provided it is made clear that the Company named in Item I above is an Industry Associate Member in every instance in which the logo is used. It is noted that the NAIBD is likely to utilize a copy of the logo in connection with other NAIBD events and all Industry Associate Members.

By signing below, the Company named in Item I above hereby agrees that its use of the mailing list provided by NAIBD shall be limited solely to industry related, new, information and promotions, and that each member of the mailing list shall be offered the opportunity to be removed from said Company's mailing list. The Company named in Item I agrees hereby that the list(s) provided by NAIBD in connection with this membership shall NOT be shared, sold or otherwise distributed to any other professional or other contact. Inappropriate use of the mailing list shall be deemed a breach of this agreement and shall result in immediate revocation of Industry Associate Membership with no refund of fees.

I have read the Industry Associate Membership Application and Agreement. I understand them and agree to abide by them.

Agreed to by:

Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer's name (printed or typed): \_\_\_\_\_ Title: \_\_\_\_\_

Please submit your first year's annual fee with this application. We will not process an application until we receive Company's dues. If, any application is denied, any dues paid will be promptly refunded except as noted in Item V above. Completed application and fee can be submitted to:

The National Association of Independent Broker/Dealers  
191 Clarksville Rd.  
Princeton Junction, NJ 08550  
Tel . (888) 646-2423; Fax. (609) 799-7032

How did you hear about NAIBD Industry Associate Membership?

- Phone call     Personal Referral     Meeting     Mailing     Email

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FOR OFFICE USE ONLY: Approved and accepted for *Industry Associate Membership*:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_