



CMCAS

capital markets
credit analysts society

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NON-VOTING MEMBERSHIP APPLICATION -2 pages
(Please Print or Type)

Applicant:

Name: _____ Title: _____

Dept. _____

Firm (If Applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Home Email: (Used for Backup Purposes Only) _____

For Internal Use Only: Home address: _____ City / State / Zip: _____

Educational Background:

School(s): _____ Degree(s): _____

Credit Analysis Experience: _____

Other Professional Organizations: _____

Industry Specialties (Choose up to 4 categories):

- | | |
|---|--|
| <input type="checkbox"/> Asset Manager (regulated) (AR) | <input type="checkbox"/> Financial Institutions Other (FN) |
| <input type="checkbox"/> Asset Manager (unregulated) (AM) | <input type="checkbox"/> Funds (regulated) (FR) |
| <input type="checkbox"/> Broker / Dealer (BD) | <input type="checkbox"/> Funds (unregulated) (HF) |
| <input type="checkbox"/> Commercial Banks (CB) | <input type="checkbox"/> High Net Worth/Private Clients (HW) |
| <input type="checkbox"/> Corporates (CP) | <input type="checkbox"/> Insurance Companies (IN) |
| <input type="checkbox"/> Country Risk (CR) | <input type="checkbox"/> Mortgage Banker (MB) |
| <input type="checkbox"/> Emerging Markets (EM) | <input type="checkbox"/> Municipals (MN) |
| <input type="checkbox"/> Energy Companies (EC) | <input type="checkbox"/> Real Estate Investment Trust (REIT) |
| <input type="checkbox"/> Finance Companies (FC) | |
| <input type="checkbox"/> Other (Please specify): _____ | |

Product Specialties (Choose up to 4 categories):

- | | |
|---|---|
| <input type="checkbox"/> Asset-backed securities (ABS) | <input type="checkbox"/> Derivative Products (Exchange traded) (DX) |
| <input type="checkbox"/> Commodities (Energy) (CE) | <input type="checkbox"/> Debt Financing (DF) |
| <input type="checkbox"/> Commodities (Precious Metals) (PM) | <input type="checkbox"/> Equity Financing (including securities lending) (EF) |
| <input type="checkbox"/> Commodities (Other) (CO) | <input type="checkbox"/> Foreign Exchange (FX) |
| <input type="checkbox"/> Credit Derivatives (CD) | <input type="checkbox"/> Repo (RP) |
| <input type="checkbox"/> Derivative Products (OTC) (DO) | <input type="checkbox"/> Structured Products (e.g. credit/equity linked notes) (SP) |
| <input type="checkbox"/> Other (Please specify): _____ | |

Function (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Chief Credit Officer (CCO) | <input type="checkbox"/> Legal/Documentation (L) |
| <input type="checkbox"/> Counterparty Credit Analyst (CA) | <input type="checkbox"/> Product Specialist (Please specify): |
| <input type="checkbox"/> Credit Policy (CP) | <input type="checkbox"/> Risk Measurement (ME) |
| <input type="checkbox"/> Credit Risk Manager (CM) | <input type="checkbox"/> Risk Monitoring (MO) |
| <input type="checkbox"/> Other (Please specify): _____ | |

Applicant's Signature: _____ Date: _____

Other Professional Organizations: _____

I certify that the above applicant meets the membership requirements of the Capital Markets Credit Analysts Society.

Sponsor: (must be your firm's Voting Member of CMCAS)

Name: _____

Firm: _____

Department: _____

Sponsor's Signature: _____ Date: _____

CMCAS Membership Committee Approval: _____ Date: _____

Annual Dues, Non-voting Individual Membership: \$65.00 per year

Method of Payment:

Check enclosed

Please charge my American Express

Please charge my Master Card

Please charge my VISA

Card Number _____ Expiration Date _____

Name on Card _____

Billing Address _____ Zip Code _____

Signature _____

Cardholder's Telephone #: _____

Note: Membership Dues to Capital Markets Credit Analysts Society may be deductible as business expenses, but are not deductible as charitable contributions.

CMCAS Federal Tax ID# is 13-3546386