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**APPLICATION FOR VOTING MEMBER** -2 pages  
 (Please Print or Type)

*Applicant:*

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

Dept. \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

For Internal Use Only: Home address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

*Firm Information:*

Department (Credit Function Name): \_\_\_\_\_

# of Analysts in Department: \_\_\_\_\_

*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): _____    |   |

*Educational Background:*

School(s): \_\_\_\_\_ Degree(s): \_\_\_\_\_

Credit Analysis Experience: \_\_\_\_\_

\_\_\_\_\_

Other Professional Organizations: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CMCAS Membership Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Dues for Voting Member: \$350.00 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.

Note: Payment must accompany application

**CMCAS Federal Tax ID# is 13-3546386**