

**FIXED INCOME ANALYSTS SOCIETY, INC**244 Fifth Avenue | Suite L230 | New York, NY 10001  
Phone: 212-943-1900 | Email: [fiasi@fiasi.org](mailto:fiasi@fiasi.org) | Web: [www.fiasi.org](http://www.fiasi.org)**APPLICATION FOR MEMBERSHIP**

Full Member – Annual Dues: \$200

Student Member – Annual Dues: \$50 (with student id &amp; Professor recommendation)

Please indicate where bills should be sent (via email):

Work

Home

Name:			
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**Work Contact Information:**

Title:			
Firm:			
Address:			
City:	State:	Zip:	
Tel #:	Fax #:		
Email:			

**Permanent / Home Contact Information:**

Address:			
City:	State:	Zip:	
Mobile #:	Home #:		
Email:	LinkedIn:		
Website:	Twitter:		

**Qualifying Employment Information (Previous 5 Years)**

Date (From/To)	Firm	Position Held & Description of Duties

**Educational Background:**


**Two Professional References:**

Name:		Name:	
Firm:		Firm:	
Tel #:		Tel #:	
Email:		Email:	

**Job Functions (check as many as apply or add additional job functions):**

<input type="checkbox"/> Buy Side	<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> Communications, Newspapers, Periodicals	<input type="checkbox"/> Communications, Radio & TV
<input type="checkbox"/> Corp Research	<input type="checkbox"/> Derivatives	<input type="checkbox"/> High Yield Research	<input type="checkbox"/> International
<input type="checkbox"/> Municipal Research	<input type="checkbox"/> Other, Investor relations, CFO's, Accounting, etc.	<input type="checkbox"/> Portfolio Manager	<input type="checkbox"/> Portfolio Strategist
<input type="checkbox"/> Rating Agency	<input type="checkbox"/> Sell Side, Brokerage, Investment dealer, Investment Banker	<input type="checkbox"/> Structured Securities	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Trading	<input type="checkbox"/> Utilities, Electric	<input type="checkbox"/> Utilities, Natural Gas	<input type="checkbox"/> Utilities, Telephone
<input type="checkbox"/> Other			

**Please charge my credit card for my membership (see amount above):**Method of Payment:  Check      Credit Card:  Amex       Visa       MasterCard

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

The credit card listed above is billed at my

 Work Address Home AddressIf I am accepted as a member, I agree to abide by the Bylaws of the Society.\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Contact me regarding my becoming involved in FIASI** Program Committee Membership Committee Marketing Committee