

FIXED INCOME ANALYSTS SOCIETY, INC

244 Fifth Avenue | Suite L230 | New York, NY 10001

Phone: 212-726-8100 | Fax: 212-591-6534

Email: fiasi@fiasi.org | Web: www.fiasi.org

**APPLICATION FOR MEMBERSHIP** Full Member – Annual Dues: \$160 Academic Member – Annual Dues: \$80 Retired/Unemployed/Under 25 years of age – Annual Dues: \$50 Student Member – Annual Dues: \$25

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

 Work Home

Name:	
--------------	--

Work Contact Information:

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

Permanent / Home Contact Information:

Address:		
City:	State:	Zip:
Mobile #:	Home #:	
Email:		

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"/>	Commercial Lending	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Derivatives	<input type="checkbox"/>	Financial Institutions
<input type="checkbox"/>	High Yield Research	<input type="checkbox"/>	Corp Research	<input type="checkbox"/>	Industrials	<input type="checkbox"/>	International
<input type="checkbox"/>	Municipal Research	<input type="checkbox"/>	Portfolio Manager	<input type="checkbox"/>	Portfolio Strategist	<input type="checkbox"/>	Quantitative
<input type="checkbox"/>	Structured Securities	<input type="checkbox"/>	Trading	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>	Utilities (Oil, Energy, Gas)
<input type="checkbox"/>	Buy Side	<input type="checkbox"/>	Sell Side	<input type="checkbox"/>	Rating Agency	<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 Hall of Fame Committee