



Please check one of the following options:  **New**  **Renew**

Membership Type

**Active Membership | \$350**

AIMSE Active Membership is open ONLY to those who devote all or a major portion of their time to the marketing or selling of investment management products/services. Membership is by individual only.

**Associate Membership | \$450**

AIMSE Associate Membership is open ONLY to those who are regularly engaged in and devote a significant portion of his/her time to business activities directly relating to or involving the provision of goods and educational information and services to further enhance and promote the profession of investment management marketing and sales. Membership is by individual only.

**NOTE:** In the case where a company will be exhibiting at the current year AIMSE Annual Conference, the Exhibitor's Fee entitles four members of the exhibiting company to become Associate Members for that year only. The Associate Member has no voting rights and the number of Associate Memberships is limited. Consultants, representatives of executive search firms, and members of the "working press" are not eligible for AIMSE Membership.

*Membership is based upon the calendar year and expires 12/31 annually.*

**Demographic Information:**

For what type of investment management firm do you currently work?

- Traditional  Alternative
- Combination  Other (please describe):

What is your investor channel focus?

- Public  Corporate
- Taft Hartley  Consultant
- Combination  Endowment/Foundation
- Other (please describe):

What is your firm AUM?

- \$1-\$500mm  \$500mm-\$1bn
- \$1bn-\$10bn  \$10bn-\$50bn
- \$50bn-\$100bn  \$100bn+

Please tell us more about your responsibilities:

(check all that apply)

- Director or Head of Group
- Direct Sales  Client Service
- Consultant Relations
- Other (please describe):

Please list any professional designations:

(check all that apply)

- CAIA  CFP  CFA  CIMA  MBA
- Other (please describe):

**Committee Opportunities:**

If you are interested in helping to shape your organization and further the mission of AIMSE, please become a part of one of the AIMSE committees in need of volunteers. Please indicate below the committee(s) on which you would be willing to serve and the committee chair will contact you about opportunities to participate.

- Partner Relations Committee
- Canadian Committee
- Communications Committee
- Scholarship Committee
- Membership Committee
- Fall Conference Committee
- Annual Conference Committee
- Regional Events Committee

Please tell us the highest level of education you have achieved:

(choose one)

- Undergraduate  Graduate

What are your key reasons for joining AIMSE?

(check all that apply)

- Conferences  Career Development
- Peer Networking  Best Practices
- Investor/Consultant Networking
- Other (please describe):

**AIMSE Mentorship Program:**

In order to facilitate the merging of experienced members with those new to the industry, AIMSE is offering a mentorship program. If you would like a qualified AIMSE member to share his/her insight on the industry, please indicate by checking the appropriate box. If you would like to serve as a mentor to a fellow AIMSE member, please indicate by checking the appropriate box. This is a program that involves time commitment on both ends. After your membership form has been processed, you will be sent a questionnaire so that we can properly place you with a mentor or a mentee.

I would like to have an AIMSE mentor

I would like to be an AIMSE mentor

In compliance with GDPR, a new regulation for data protection and privacy, I elect to receive email communication from AIMSE regarding membership, conferences, and events.

- YES  NO

Please tell us about your type of coverage:

(check all that apply)

- Asset Owner
- Consultant
- Combination



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 PREFIX                      FIRST NAME                      MIDDLE NAME                      LAST NAME

\_\_\_\_\_  
 BADGE NAME

\_\_\_\_\_  
 JOB TITLE                      COMPANY NAME

\_\_\_\_\_  
 MAILING ADDRESS

\_\_\_\_\_  
 CITY                      STATE      ZIP CODE                      COUNTRY

\_\_\_\_\_  
 TELEPHONE                      FAX

\_\_\_\_\_  
 EMAIL

Payment Info

**Remittance Accepted ONLY in US Currency**

- Enclosed is my check, payable to AIMSE
- Please charge my membership dues to:
  - Visa     MasterCard     American Express

*The personal information ("personal data") you provide on this form is being collected with your consent, for the exclusive purpose of permitting AIMSE to facilitate, contact and bill you in connection with your membership. The personal data is subject to the terms of AIMSE's privacy policy (<https://www.aimse.org/privacypolicy.cfm>). A party located in the European Union or European Economic Area wishing to exercise rights under the General Data Protection Regulation (GDPR) with respect to such personal data should contact [privacy@aimse.org](mailto:privacy@aimse.org).*

\_\_\_\_\_  
 CARD NO.                      EXP DATE                      CVC

\_\_\_\_\_  
 NAME ON CARD

\_\_\_\_\_  
 SIGNATURE

Send To

Please Complete and Send to:

**AIMSE**  
**11130 Sunrise Valley Drive | Suite 350**  
**Reston, VA 20191**

**Fax: (781) 658-2664 | OR | Email: [info@aimse.org](mailto:info@aimse.org)**