

ASSOCIATION OF INVESTMENT MANAGEMENT SALES EXECUTIVES

MEMBERSHIP APPLICATION

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Please check one of t	he following options: New	Renew		
AIMSE Active M marketing or set marketing or set marketing or set marketing or set a significant poor of goods and en investment man management of the exhibiting compand the number of Associate Me "working press" are not eligible to the set of the exhibiting compand the number of Associate Me "working press" are not eligible to the set of the exhibiting compand the number of Associate Me "working press" are not eligible to the set of the exhibiting compand the number of Associate Me "working press" are not eligible to the set of the exhibiting compand the number of the exhibiting the exhi	Membership \$350 Membership is open ONLY to those who devote alling of investment management products/sentent Membership \$450 Ite Membership is open ONLY to those who are activition of his/her time to business activities directly ducational information and services to further magement marketing and sales. Membership is any will be exhibiting at the current year AIMSE Annually to become Associate Members for that year only emberships is limited. Consultants, representatives of the oral magement marketing. In all the current year and expires 12/31 annually.	e regularly engaged in and devote of the regularly engaged in and devote of the relating to or involving the provision enhance and promote the profession of so by individual only. Ital Conference, the Exhibitor's Fee entitles four your The Associate Member has no voting rights		
Demographic Information:	Committee Opportunities:	AIMSE Mentorship Program:		
For what type of investment management firm do you currently work? Traditional Alternative Combination Other (please describe):	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.	In order to facilitate the merging of expe-rienced 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		
What is your investor channel focus? Public	Partner Relations Committee Canadian Committee Communications Committee Scholarship Committee	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.		
What is your firm AUM? □ \$1-\$500 mm □ \$500 mm - \$1 bn □ \$1 bn - \$10 bn □ \$10 bn - \$50 bn □ \$50 bn - \$100 bn □ \$100 bn +	Membership Committee Fall Conference Committee Annual Conference Committee Regional Events Committee	I would like to have an AIMSE mentor I would like to be an AIMSE mentor		
Please tell us more about your responsibilities: (check all that apply) Director or Head of Group	Education Committee Please tell use the highest level of education you have achieved: (choose one)	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.		
☐ Direct Sales ☐ Client Service ☐ Consultant Relations ☐ Other (please describe):	Undergraduate Graduate What are your key reasons for joining AIMSE? (check all that apply)	☐ YES ☐ NO Please tell us about your type of coverage:		
Please list any professional designations: (check all that apply) CAIA CFP CFA CIMA MBA Other (please describe):	Conferences Career Development Peer Networking Best Practices Investor/Consultant Networking Other (please describe):	(check all that apply) Asset Owner Consultant Combination		



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PREFIX	FIRST NAME		MIDDLE N	AME	LAST NAME
BADGE NAME					
JOB TITLE			COMPANY	'NAME	
MAILING ADDR	RESS				
CITY			STATE	ZIP CODE	COUNTRY
TELEPHONE			FAX		
EMAIL					
aym	mittance Acc Enclosed is my Please charge Visa	check, payabl	e to AIMS	SE	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
	CARD NO. NAME ON CARD	EXP DATE	Ξ	CVC	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.
	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