International Industry Education Affiliate Membership Application

Page 1 of 2

Intormation abou	t your	company					
Company Name							
Company Address							
City			State or Province	Country	Posi ZIP	tal or Code	
Website Address			Phone Number		Dat Fou	e nded	
Mailing Address (if different)							
City			State or Province	Country	Pos ZIP	tal or Code	
Is your company a multinational company?	ls your company a						
Who in your compa	ny will b	e our primary co	ntact?				
Last/ Family Name							
First/ Given Name							
Title							
Phone							
Email							
Who in your compa	ny shoul	d receive the mer	nbership invoice?				
Last/ Family Name							
First/ Given Name							
Title							
Phone							

Information about your business What type is your company?

Email

○ Agency ○ Bank ○ Broker ○ Wealth Management/Investment Firm ○ Other (please specify)					
	○ Agency	○Bank	O Broker	O Wealth Management/Investment Firm	Other (please specify)

Information about your leadership

Your membership entitles your company to receive many valuable benefits, please let us know who the Senior Executives responsible for the following areas are in your company.

responsible for the following are	as are in your company.			
Chief Executive Officer		Chief Research Officer		
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Chief Marketing Officer		Chief Distribution Officer		
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Chief Selection/Recruitment Officer		Chief Agent and Field Manage	ment Development Officer	
Last/Family Name		Last/Family Name		
First/Given Name		First/Given Name		
Title		Title		
Phone		Phone		
Email		Email		
	Chief Human Resources Officer			
	Last/Family Name			
	First/Given Name			
	Title			
	Phone			
	Email			

Print Form

Email Form

