International Integrated Affiliate Membership Application

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Information about your company

	•		,			
Company Name						
Company Address						
City				State or Province	Country	Postal or ZIP Code
Website Address				Phone Number		Date Founded
Mailing Address (if different)						
City				State or Province	Country	Postal or ZIP Code
Is your company a If your company is a multinational, multinational company? O Yes O No what is the name of your parent company?						
Who in your company will be our primary contact?						
The in your company will be our primary confact?						

Last/ Family Name	
First/ Given Name	
Title	
Phone	
Email	

Who in your company should receive the membership invoice?

Last/ Family Name	
First/ Given Name	
Title	
Phone	
Email	

Information about your business

What type is your company?

○ Agency	OBank C) 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

	ng areas are in your company.	Chief Research Officer
Chief Executive 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 C	Officer	Chief Agent and Field Management Development Officer
Last/Family Name		Last/Family Name
First/Given Name		First/Given Name
Title		Title
Phone		Phone
Email		Email
	Chief Human Resources O	ficer
	Last/Family Name	
	First/Given Name	
	Title	
	Phone	
	Email	

Print Form

Email Form

